

## 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:        | Killingworth Nursery School           | Date of Inspection:      | 12/12/2024           | Time of Arrival:        | 905AM     |
| Address:             | 273 Route 81                          | License Number:          | 12-238               | Expiration Date:        | 4/30/2025 |
| Town:                | Killingworth, CT. 06419-1218          | Telephone Number:        | 203-663-2950         | Summer Care:            | NO        |
| Operator:            | Killingworth Nursery School Assoc Inc | # of Staff Present:      | 2                    | # over 3 Present:       | 8         |
| Email:               | killingworthnurseryschool@yahoo.com   | Total Capacity:          | 22                   | Total Under 3 capacity: | 0         |
| Designated Director: | Erin Delverchio                       | Hours/Days of Operation: | 9AM-2PM M-F Sept-May |                         |           |

**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: 1/19/2024 |
|----|--------|-----------------------------------------|

### 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. |              | <b>POLICIES-COMplete/IMPLEMENTED</b>                                       |
|     | (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. |              | <b>ACCESS</b>                                                              |
|     | (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. |              | <b>POSTINGS</b>                                                            |
|     | (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. |               | <b>RATIOS</b>                                                             |
|     | (d)(4)(A)     | Ratio 1:10 - Indoors/Outdoors                                             |
|     | (d)(4)(B)     | Mixed age group-ratios                                                    |
|     | (d)(6)        | Nap time ratio                                                            |
| 28. | (d)(4)(D)     | Supervision-Indoors/Outdoors                                              |
| 29. |               | <b>GROUP SIZE</b>                                                         |
|     | (d)(5)        | Group Size-Indoors/Outdoors                                               |
|     | (d)(5)(A)     | Group Size-school age field trips/outdoors                                |
|     | (d)(5)(B)     | Mixed age group-group size                                                |
| 30. | (e)(1)        | Designated director-training                                              |
| 31. | (f)(1)        | CPR certified program staff                                               |
| 32. | (f)(2)        | First aid certified program staff                                         |
| 33. |               | <b>PROFESSIONAL DEVELOPMENT</b>                                           |
|     | (a)(2)        | Documentation                                                             |
|     | (h)(1)(2)     | Health & Safety training                                                  |
|     | (h)(1)(2)     | 1% annual hours                                                           |
| 34. |               | <b>SWIMMING ACTIVITIES - Y/N</b>                                          |
|     | (4)(C)(ii-v)  | Swimming-Ratios                                                           |
|     | (4)(C)(i)     | Non-swimmers identified                                                   |
|     | (e)(6)        | CPR certified staff-age 20 or older                                       |
|     | (e)(6)        | Lifeguard-certified-supervising                                           |
| 35. |               | <b>CONSULTANTS</b>                                                        |
|     | (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                                       |
|     | (H)(i)-(I)(i) |                                                                           |

|            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Killingworth Nursery School                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12838                          | 12/12/2023         |
| RECORD KEEPING 19a-79-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PHYSICAL PLANT 19a-79-7a cont. |                    |
| <input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information<br><input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS<br><input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission<br><input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission<br><input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission<br><input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission<br><input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records<br><input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records<br><input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff<br><input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports<br><input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury<br><input checked="" type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality<br><input checked="" type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases<br><input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained<br><input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls<br><input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only- N/A)<br><input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36"<br><input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors<br><input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed<br><input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding<br><input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds<br><input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible<br><input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)<br><input checked="" type="checkbox"/> 82. <u>TOILETING</u><br><input checked="" type="checkbox"/> (d)(10)(A) Shared toilets/sinks-supervision plan<br><input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met<br><input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected<br><input checked="" type="checkbox"/> (d)(10)(C) Required toilets/sinks-1:16<br><input checked="" type="checkbox"/> (d)(10)(D) Required toilets/sinks-1:25 schl age only<br><input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage<br><input checked="" type="checkbox"/> (d)(10)(E) Handwashing staff/children<br><input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located-at the facility or licensed premises<br><input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms<br><input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes N/A)<br><input checked="" type="checkbox"/> (d)(11) Staff personal articles inaccessible<br><input checked="" type="checkbox"/> (e)(1) <u>AIR TEMPERATURE</u><br><input checked="" type="checkbox"/> (e)(1) Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)<br><input checked="" type="checkbox"/> (e)(2) Air temp <65°F comfortable (Schl age only-N/A)<br><input checked="" type="checkbox"/> (e)(3) Air temp > 80 °F - ↑ fluids/ventilation<br><input checked="" type="checkbox"/> (e)(4) Water temperature 60 °F – 120 °F<br><input checked="" type="checkbox"/> (e)(5) Portable space heaters prohibited<br><input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair<br><input checked="" type="checkbox"/> (e)(6) Rugs- not tripping/slipping hazard<br><input checked="" type="checkbox"/> (e)(7) Hot water/Steam pipes protected<br><input checked="" type="checkbox"/> (e)(7) Working phone on each level<br><input checked="" type="checkbox"/> (e)(7) Emergency numbers posted-adjacent to phones<br><input checked="" type="checkbox"/> (e)(8) Parents provided direct on site phone number<br><input checked="" type="checkbox"/> (e)(9) <u>LIGHTING</u><br><input checked="" type="checkbox"/> (e)(9) All areas min. 1 foot candle of lighting<br><input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible<br><input checked="" type="checkbox"/> (e)(10) Schl age only-lighting for comfort<br><input checked="" type="checkbox"/> (e)(10) Light fixtures shielded/shatter proof<br><input checked="" type="checkbox"/> (e)(11) Potentially hazardous substances, materials – labeled, inaccessible<br><input checked="" type="checkbox"/> (e)(11) Garbage/rubbish-disposed of daily, containers in good repair<br><input checked="" type="checkbox"/> (e)(12) Stairs-protected/good repair-handrails<br><input checked="" type="checkbox"/> (e)(13) Toxic plants/materials inaccessible<br><input checked="" type="checkbox"/> (e)(14-15) Pets or other animals-in good health, written care plan including access to children<br><input checked="" type="checkbox"/> (e)(16) Prevention of vermin-openings screened<br><input checked="" type="checkbox"/> (e)(17) Radon test- Results: <u>1/3/2013</u> N/A<br><input checked="" type="checkbox"/> (e)(17) Results posted-Date: <u>1.5</u> (Schls-N/A)<br><input checked="" type="checkbox"/> (e)(18) Carbon monoxide detector-each level N/A<br><input checked="" type="checkbox"/> (f)(1)(A) Program space-adequate-35 sq. ft. per child<br><input checked="" type="checkbox"/> (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust<br><input checked="" type="checkbox"/> (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)<br><input checked="" type="checkbox"/> (g)(3) Air conditioners, water heaters, fuse boxes inaccessible<br><input checked="" type="checkbox"/> (g)(4) Developmentally app equipment, materials |                                |                    |
| 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 <u>N/A</u><br><input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks<br><input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees<br><input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths<br><input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection <u>N/A</u><br><input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies<br><input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities<br><input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils<br><input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A)<br><input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep<br><input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children<br><input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms<br><input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area<br><input checked="" type="checkbox"/> 59. (c) <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips<br><input checked="" type="checkbox"/> 60. (c) <u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier<br><input checked="" type="checkbox"/> 61. (d) <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags | <input checked="" type="checkbox"/> 83.<br><input checked="" type="checkbox"/> 84.<br><input checked="" type="checkbox"/> 85.<br><input checked="" type="checkbox"/> 86.<br><input checked="" type="checkbox"/> 87.<br><input checked="" type="checkbox"/> 88.<br><input checked="" type="checkbox"/> 89.<br><input checked="" type="checkbox"/> 90.<br><input checked="" type="checkbox"/> 91.<br><input checked="" type="checkbox"/> 92.<br><input checked="" type="checkbox"/> 93.<br><input checked="" type="checkbox"/> 94.<br><input checked="" type="checkbox"/> 95.<br><input checked="" type="checkbox"/> 96.<br><input checked="" type="checkbox"/> 97.<br><input checked="" type="checkbox"/> 98.<br><input checked="" type="checkbox"/> 99.<br><input checked="" type="checkbox"/> 100.<br><input checked="" type="checkbox"/> 101.<br><input checked="" type="checkbox"/> 102.<br><input checked="" type="checkbox"/> 103.<br><input checked="" type="checkbox"/> 104.<br><input checked="" type="checkbox"/> 105.<br><input checked="" type="checkbox"/> 106.<br><input checked="" type="checkbox"/> 107.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| PHYSICAL PLANT 19a-79-7a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>12/7/2023</u><br><input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved<br><input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion<br><input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission<br><input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established<br><input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)<br><input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals<br><input checked="" type="checkbox"/> 69. (c)(5)(A) <u>WATER SUPPLY</u> – Public/Well (Schools-N/A)<br><input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test – Date: <u>7/21/2023</u><br><input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: <u>7/18/2023</u> N/A<br><input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible<br><input checked="" type="checkbox"/> (c)(6)(A) <u>LEAD PAINT</u> -<br><input checked="" type="checkbox"/> (c)(6)(A) Peeling Paint – Y/N Inside/Outside<br><input checked="" type="checkbox"/> (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N<br><input checked="" type="checkbox"/> (c)(6)(B-D) Results <u>No lead identified</u><br><input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan <u>N/A</u><br><input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access                                                                                      | <input checked="" type="checkbox"/> 102.<br><input checked="" type="checkbox"/> 103.<br><input checked="" type="checkbox"/> 104.<br><input checked="" type="checkbox"/> 105.<br><input checked="" type="checkbox"/> 106.<br><input checked="" type="checkbox"/> 107.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

|                                          |                                               |                                                                                                                                                                                                                                  |  |                                          |                                       |                                                                                                                          |            |
|------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|
| PROGRAM NAME                             |                                               | Killingworth Nursery School                                                                                                                                                                                                      |  | LICENSE NUMBER                           | 12838                                 | DATE OF INSPECTION                                                                                                       | 12/12/2024 |
| 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"/> 129. |                                       | <u>LINENS/CLOTHING</u>                                                                                                   |            |
| <input checked="" type="checkbox"/> 109. | (g)(6)                                        | Indoor climbing play equipment-shock absorbing materials under and around                                                                                                                                                        |  |                                          | <input type="checkbox"/> (f)(1)       | Linens/emergency clothing available                                                                                      |            |
| <input checked="" type="checkbox"/> 110. | (j)                                           | No weapons/no facsimile of a firearm                                                                                                                                                                                             |  |                                          | <input type="checkbox"/> (f)(2)       | Linens washed weekly or as needed                                                                                        |            |
| <input type="checkbox"/> 111.            |                                               | <u>OUTDOOR SPACE</u>                                                                                                                                                                                                             |  | <input checked="" type="checkbox"/> 130. | <input type="checkbox"/> (f)(3)       | Linens/clothing stored individually                                                                                      |            |
|                                          | <input checked="" type="checkbox"/> (h)(1)    | Adequate space- 75 sq. ft. per child                                                                                                                                                                                             |  |                                          | <input type="checkbox"/> (f)(4)       | Cribs/cots cleaned-linens changed when shared                                                                            |            |
|                                          | <input checked="" type="checkbox"/> (h)(2)    | Shock absorbing surfaces-minimum 8"                                                                                                                                                                                              |  |                                          | <input type="checkbox"/> (g)(1)       | <u>SAFE SLEEP</u>                                                                                                        |            |
|                                          | <input type="checkbox"/> (h)(3)               | Playground free from hazards                                                                                                                                                                                                     |  |                                          | <input type="checkbox"/> (g)(1)       | Under 12 mths placed on back for sleeping                                                                                |            |
|                                          | <input type="checkbox"/> (h)(4)               | Nuts, bolts, screws-tight, covered/protected                                                                                                                                                                                     |  |                                          | <input type="checkbox"/> (g)(1)       | Crib-snug fitting mattress/tightly fitted sheet                                                                          |            |
|                                          | <input checked="" type="checkbox"/> (h)(5)    | Outside equipment anchored-anchors buried                                                                                                                                                                                        |  |                                          | <input type="checkbox"/> (g)(2)       | Alternate sleep position/equipment-medical documentation for medical reason on file                                      |            |
|                                          | <input checked="" type="checkbox"/> (h)(6)    | New equip- cert playg. Inspection upon request                                                                                                                                                                                   |  |                                          | <input type="checkbox"/> (g)(3)       | Infants allowed to adopt other sleep positions                                                                           |            |
|                                          | <input checked="" type="checkbox"/> (h)(8)    | Drinking water available/accessible                                                                                                                                                                                              |  |                                          | <input type="checkbox"/> (g)(4)       | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles                               |            |
|                                          | <input checked="" type="checkbox"/> (h)(9)    | Equipment arranged for safety-equip/fences/structures not hazardous                                                                                                                                                              |  |                                          | <input type="checkbox"/> (g)(5)       | No unapproved sleeping-car seats/swings/beds, etc.                                                                       |            |
| <input checked="" type="checkbox"/> 112. |                                               | <u>OUTDOOR PROTECTED/FENCING</u>                                                                                                                                                                                                 |  |                                          |                                       | No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes                                          |            |
|                                          | <input checked="" type="checkbox"/> (h)(7)    | Playground protected from traffic, water, gullies or other hazards                                                                                                                                                               |  |                                          | <input type="checkbox"/> (g)(6)       | Observe/assess infants at least every 15 minutes                                                                         |            |
| <input checked="" type="checkbox"/> 113. | <input checked="" type="checkbox"/> (h)(7)(A) | Fences installed to protect from hazards-4 ft                                                                                                                                                                                    |  |                                          | <input type="checkbox"/> (g)(7)       | Teething necklaces/bracelets, jewelry inaccessible                                                                       |            |
|                                          | <input checked="" type="checkbox"/> (h)(7)(B) | Fences installed to protect from water-4 ft, self closing and self latching devices or locks                                                                                                                                     |  |                                          | <input type="checkbox"/> (g)(8)       | Safe sleep policies posted/parents informed                                                                              |            |
|                                          | <input checked="" type="checkbox"/> (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier                                                                                                                                                                                            |  | <input type="checkbox"/> 131.            | <input type="checkbox"/> (h)(1)       | Infant toys-separate/washed/sanitized daily                                                                              |            |
| <input checked="" type="checkbox"/> 114. |                                               | <u>WATER HAZARDS</u>                                                                                                                                                                                                             |  | <input type="checkbox"/> 132.            | <input type="checkbox"/> (h)(1)       | Toddler toys-washed/sanitized weekly                                                                                     |            |
|                                          | <input type="checkbox"/> (i)                  | Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61                                                                                                                                                                      |  | <input type="checkbox"/> 133.            | <input type="checkbox"/> (h)(2)       | No toys/objects less than 1 ¼ " diameter                                                                                 |            |
|                                          | <input checked="" type="checkbox"/> (i)       | Wading pools prohibited                                                                                                                                                                                                          |  | <input type="checkbox"/> 134.            | <input type="checkbox"/> (h)(2)       | Plastic bags/balloons/styrofoam inaccessible unless under direct supervision                                             |            |
|                                          | <input checked="" type="checkbox"/> (i)       | Hot tubs/spas/saunas-locked/inaccessible                                                                                                                                                                                         |  | <input type="checkbox"/> 135.            | <input type="checkbox"/> (i)(1)(2A-C) | Health consultant visits/documentation                                                                                   |            |
| EDUCATIONAL REQUIREMENTS 19a-79-8a       |                                               |                                                                                                                                                                                                                                  |  | <input type="checkbox"/> 136.            | <input type="checkbox"/> (j)          | <u>FEEDING</u>                                                                                                           |            |
| <input checked="" type="checkbox"/> 115. | (a)                                           | Written daily/weekly educational plan-developmentally appropriate                                                                                                                                                                |  |                                          | <input type="checkbox"/> (k)(1)       | Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle                                |            |
| <input checked="" type="checkbox"/> 116. | (a)                                           | <u>EDUCATIONAL REQUIREMENTS</u>                                                                                                                                                                                                  |  |                                          | <input type="checkbox"/> (k)(2)       | Written feeding schedule from parent-updated                                                                             |            |
|                                          | <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 type="checkbox"/> 137.            | <input type="checkbox"/> (k)(3)       | Unused formula/milk discarded after feedings                                                                             |            |
|                                          | <input checked="" type="checkbox"/> (b)       | Limited access to screen time/video games                                                                                                                                                                                        |  | <input type="checkbox"/> 138.            | <input type="checkbox"/> (k)(4)       | Clean bottles/disposable bottles/appvd washing                                                                           |            |
| UNDER THREE ENDORSEMENT 19a-79-10 Y/N    |                                               |                                                                                                                                                                                                                                  |  | <input type="checkbox"/> 139.            | <input type="checkbox"/> (k)(5)       | Baby food served from dish or whole jar                                                                                  |            |
| <input type="checkbox"/> 117.            | (b)                                           | Approved Under 3 Endorsement                                                                                                                                                                                                     |  |                                          | <input type="checkbox"/> (l)(1)       | Bottles labeled with child's name                                                                                        |            |
| <input type="checkbox"/> 118.            | (c)(2)                                        | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)                                                                                                                                                                                       |  | <input type="checkbox"/> 137.            | <input type="checkbox"/> (l)(2)       | Outdoor spaced fenced-4 ft lic. after 1/1/25                                                                             |            |
| <input type="checkbox"/> 119.            | (c)(3)                                        | Group size-max 8 (6wks-24mths), max 10 (24-36mths)                                                                                                                                                                               |  | <input type="checkbox"/> 138.            | <input type="checkbox"/> (l)(2)       | Outdoor equipment-developmentally appropriate for ages of the children                                                   |            |
| <input type="checkbox"/> 120.            | (c)(4)                                        | Physical barriers- indoors/outdoors                                                                                                                                                                                              |  | <input type="checkbox"/> 139.            | <input type="checkbox"/> (l)(3)       | Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety                                  |            |
| <input type="checkbox"/> 121.            | (d)(1)(A-C)                                   | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep                                                                                                                                           |  |                                          |                                       |                                                                                                                          |            |
| <input type="checkbox"/> 122.            | (d)(2)(Ai-iii)                                | Cribs-in compliance w/CPSC (manf. after 6/28/11)                                                                                                                                                                                 |  |                                          |                                       |                                                                                                                          |            |
| <input type="checkbox"/> 123.            | (d)(2)(B)                                     | Washable cots                                                                                                                                                                                                                    |  |                                          |                                       |                                                                                                                          |            |
| <input type="checkbox"/> 124.            | (d)(2)(C)                                     | Chairs for feeding-stable base-safety straps-locking tray                                                                                                                                                                        |  |                                          |                                       |                                                                                                                          |            |
| <input type="checkbox"/> 125.            | (d)(2)(D)                                     | Dev. appropriate tables/chairs/equipment                                                                                                                                                                                         |  |                                          |                                       |                                                                                                                          |            |
| <input type="checkbox"/> 126.            | (d)(2)(E)                                     | Refrigerator and food prep facilities                                                                                                                                                                                            |  |                                          |                                       |                                                                                                                          |            |
| <input type="checkbox"/> 127.            | (d)(3)(A-C)                                   | Optional furniture/equip-safe/hazard free                                                                                                                                                                                        |  |                                          |                                       |                                                                                                                          |            |
| <input type="checkbox"/> 128.            |                                               | <u>DIAPERING</u>                                                                                                                                                                                                                 |  |                                          |                                       |                                                                                                                          |            |
|                                          | <input type="checkbox"/> (e)(1)               | Diaper area: elevated/sturdy/safety rail                                                                                                                                                                                         |  |                                          |                                       |                                                                                                                          |            |
|                                          | <input type="checkbox"/> (e)(2)               | Diaper area: used only for this purpose, located in the program area                                                                                                                                                             |  |                                          |                                       |                                                                                                                          |            |
|                                          | <input type="checkbox"/> (e)(3)               | Diaper area: non-porous surface/good repair                                                                                                                                                                                      |  |                                          |                                       |                                                                                                                          |            |
|                                          | <input type="checkbox"/> (e)(4)               | Diaper area: washed/disinfected after use                                                                                                                                                                                        |  |                                          |                                       |                                                                                                                          |            |
|                                          | <input type="checkbox"/> (e)(5)               | Diaper area: disposable paper sheets                                                                                                                                                                                             |  |                                          |                                       |                                                                                                                          |            |
|                                          | <input type="checkbox"/> (e)(6)(9)            | Covered waste receptacle-removed daily                                                                                                                                                                                           |  |                                          |                                       |                                                                                                                          |            |
|                                          | <input type="checkbox"/> (e)(7)               | Handwashing-staff/children                                                                                                                                                                                                       |  |                                          |                                       |                                                                                                                          |            |
|                                          | <input type="checkbox"/> (e)(8)               | Diapering-Handwashing policies-posted/followed                                                                                                                                                                                   |  |                                          |                                       |                                                                                                                          |            |
|                                          | <input type="checkbox"/> (e)(10)(A-C)         | Cloth diapers-written plan developed                                                                                                                                                                                             |  |                                          |                                       |                                                                                                                          |            |
| UNDER THREE ENDORSEMENT 19a-79-10 Y/N    |                                               |                                                                                                                                                                                                                                  |  | SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N     |                                       |                                                                                                                          |            |
| <input type="checkbox"/> 140.            | (b)                                           | Approved Schl Age Endorsement                                                                                                                                                                                                    |  | <input type="checkbox"/> 140.            | (b)                                   | Approved Schl Age Endorsement                                                                                            |            |
| <input type="checkbox"/> 141.            | (c)                                           | <u>SCHEDULE - ACTIVITIES</u>                                                                                                                                                                                                     |  | <input type="checkbox"/> 141.            | (c)                                   | <u>SCHEDULE - ACTIVITIES</u>                                                                                             |            |
| <input type="checkbox"/> 142.            | (c)(1)                                        | Written daily program plan-flexible schedule-available to staff/parents                                                                                                                                                          |  | <input type="checkbox"/> 142.            | (c)                                   | Written daily program plan-flexible schedule-available to staff/parents                                                  |            |
|                                          | (c)(2)                                        | Activities not a duplication of child's day                                                                                                                                                                                      |  |                                          | (c)(1)                                | Activities not a duplication of child's day                                                                              |            |
|                                          | (c)(3)                                        | Activities include cognitive, physical, social, emotional needs of the children                                                                                                                                                  |  |                                          | (c)(2)                                | 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                                                                                                         |  |                                          |                                       | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |            |
|                                          |                                               | Ratio- 1:15                                                                                                                                                                                                                      |  |                                          |                                       | Ratio- 1:15                                                                                                              |            |
|                                          |                                               | Group size- max. 30                                                                                                                                                                                                              |  |                                          |                                       | Group size- max. 30                                                                                                      |            |
|                                          |                                               | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent                                                                                                                                            |  |                                          |                                       | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent                                    |            |
|                                          |                                               | Head teacher approved- 60%                                                                                                                                                                                                       |  |                                          |                                       | Head teacher approved- 60%                                                                                               |            |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROGRAM NAME<br><i>Killingworth Nursery School</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LICENSE NUMBER<br><i>12838</i>                                                                                                                                                                                                                                                                                                                                                                      | DATE OF INSPECTION<br><i>12/12/2024</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MONITORING OF DIABETES 19a-79-13 Y/N <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> 147. (b)<br><input type="checkbox"/> 148. (b)(1)<br><input type="checkbox"/> 149. (b)(2)<br><input type="checkbox"/> 150. (b)(3)<br><input type="checkbox"/> 151. (b)(4)<br><input type="checkbox"/> 152. (b)(5)<br><input type="checkbox"/> 153. (b)(6)<br><input checked="" type="checkbox"/> 154. (b)(6)(A)<br><input checked="" type="checkbox"/> 155. (b)(6)(B)<br><input checked="" type="checkbox"/> 156. (b)(6)(C)<br><input checked="" type="checkbox"/> 157. (b)(6)(D)<br><input checked="" type="checkbox"/> 158. (b)(6)(E)<br><input checked="" type="checkbox"/> 159. (b)(6)(F)<br><input checked="" type="checkbox"/> 160. (b)(6)(A-B)<br><input checked="" type="checkbox"/> 161. (b)(6)(C)<br><input checked="" type="checkbox"/> 162. (b)(6)(D)<br><input checked="" type="checkbox"/> 163. (b)(6)(E)<br><input checked="" type="checkbox"/> 164. (b)(6)(F)<br><input checked="" type="checkbox"/> 165. (b)(6)(A-B)<br><input checked="" type="checkbox"/> 166. (b)(6)(C)<br><input checked="" type="checkbox"/> 167. (b)(6)(D)<br><input checked="" type="checkbox"/> 168. (b)(6)(E)<br><input checked="" type="checkbox"/> 169. (b)(6)(F)<br><input checked="" type="checkbox"/> 170. (b)(6)(A-B) | Approved Night Care Endorsement<br>Person in charge-head teacher<br>Written plan for program activities- meet individual needs, sleep patterns, quiet activities<br>Written plan for supervision including cot placement and evacuation<br>Children in care no more than 12 hrs. in 24<br>Staff awake and available<br><u>SLEEP PROVISIONS</u><br>Individual cot/crib with bedding<br>Sleeping apparel/toiletries labeled<br>Required bedding<br>Required toiletries<br>Bedding/sleeping apparel laundered weekly<br>Sleep arrangements for infants<br>Air temp 65 °F at 3 ft<br>Fire marshal approval-hours specified<br>Local health approval                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 171. (a)(1)<br><input type="checkbox"/> 172. (b)(1)(A)<br><input checked="" type="checkbox"/> 173. (b)(1)(B)<br><input checked="" type="checkbox"/> 174. (b)(1)(C)<br><input type="checkbox"/> 175. (b)(2)<br><input type="checkbox"/> 176. (b)(3)<br><input type="checkbox"/> 177. (b)(4)<br><input type="checkbox"/> 178. (b)(5)<br><input type="checkbox"/> 179. (b)(6) | Written policies and procedures<br><u>STAFF TRAINING</u><br>Staff training – first aid<br>Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions<br>Training updated at least every 3 years<br>Written documentation of training<br>Trained staff on site when child is present<br>Self-administration - written authorization and under supervision of trained staff<br>Equipment provided by parents<br>Equipment labeled and inaccessible<br>Signed agreement with parent regarding equipment, supplies, materials to be discarded<br>Authorized prescriber written order<br>Written authorization from parent<br>Testing results and actions taken – documented and kept on file, ensure parents are notified daily |
| ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADDITIONAL VIOLATION                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> 157. (9a)<br><input checked="" type="checkbox"/> 158. (9a)<br><input checked="" type="checkbox"/> 159. (a)(2)<br><input checked="" type="checkbox"/> 160. (a)(3)(A-B)<br><input checked="" type="checkbox"/> 161. (a)(3)(C)<br><input checked="" type="checkbox"/> 162. (b)(1)(A/C)<br><input checked="" type="checkbox"/> 163. (b)(1)(D)<br><input checked="" type="checkbox"/> 164. (b)(1)(E)<br><input checked="" type="checkbox"/> 165. (b)(1)(F)<br><input checked="" type="checkbox"/> 166. (b)(2)(A-B)<br><input checked="" type="checkbox"/> 167. (b)(2)(C)<br><input checked="" type="checkbox"/> 168. (b)(3)(A-B)<br><input checked="" type="checkbox"/> 169. (b)(3)(D)<br><input checked="" type="checkbox"/> 170. (b)(4)(A-B)<br><input checked="" type="checkbox"/> 171. (b)(5)(A-B)<br><input checked="" type="checkbox"/> 172. (b)(5)(C)<br><input checked="" type="checkbox"/> 173. (b)(5)(D)<br><input checked="" type="checkbox"/> 174. (b)(5)(E)<br><input checked="" type="checkbox"/> 175. (b)(6)<br><input checked="" type="checkbox"/> 176. (b)(7)(A-B)<br><input checked="" type="checkbox"/> 177. (d)                                                                            | Written medication policies/procedures<br>Permit enrollment of children with asthma, allergies, diabetes<br><u>NONPRESC. TOPICAL MEDICATION</u><br>Admin/Parent permission/report errors<br>Labeling and Storage<br>Unused/expired meds destroyed/returned<br><u>MEDICATION TRAINING</u><br>Medication training-general-oral/top/inhalant<br>Injectable premeasured autoinjector medication<br>Rectal medication<br>Injectable other than premeasured auto-injector<br>Training approval documents/certificates<br>Training outline on file<br>Authorized prescriber/parent permission<br>Medication errors- documentation, parent(s) and OEC notification<br>Medication Administration Records (MAR)<br>Labeling and Storage<br>Emergency medication inaccessible<br>Unused/Expired meds-destroyed/returned<br>Auto-injector/inhalant equipment<br>Self-administration documentation<br>Petition for special medication authorization<br>Potassium Iodide (KI) emergency distribution-permission and storage | <input checked="" type="checkbox"/> 180. <i>N/A</i>                                                                                                                                                                                                                                                                                                                                                 | Consent Order/Negotiated Corrective Action<br>Plan conditions <i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SIGNATURE OF OEC STAFF<br><i>Bridget L. Mercuri</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIGNATURE OF PERSON IN CHARGE<br><i>Erin Dell'ecchio</i>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PRINTED NAME<br><i>BRIDGET L. MERCURI</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRINTED NAME<br><i>Erin Dell'ecchio</i>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OEC DIVISION OF LICENSING<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>Written Corrective Action Plan Due by:                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

November 2024

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Killingworth Nursery School License # 12838 Date: 12/12/2024

## Observations/Corrections needed:

- #19- observed 2 staff/substitutes without current physicals on site and 1 staff physical is missing date of recent exam
- #33(h)(1): observed no documentation of employee orientation, annual policy review or 1% of professional development for 2 staff/substitutes
- #111(h)(3): observed ~~exposed screw~~ cracked/broken tug boat sand box cover
- (h)(4): observed exposed screw ends on fencing
- #37(a)(1)(i)(i): observed no documentation of emergency medical permission for 1 child
- #38- observed 1 expired child physical

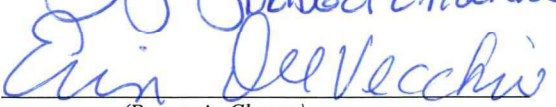
S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

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

Signature: 

(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 

(Person in Charge)

OEC BY: 12/26/2024

Erin DeVecchio