

**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:	Ordered Steps Learning Center	Date of Inspection:	12.3.24	Time of Arrival:	10 ¹⁰ am
Address:	110 Prospect St Ste 2 and 13	License Number:	71756	Expiration Date:	5.31.28
Town:	Stamford	Telephone Number:	203 524 5929	Summer Care:	Open
Operator:	Ordered Steps Learning Center LLC	# of Staff Present:	2	# over 3 Present:	11
Email:	orderedstepsremote@gmail.com	Total Capacity:	26	Total Under 3 capacity:	11
Designated Director:	Falasha Campbell	Hours/Days of Operation:	M-F 745-530pm		
# under 3 Present:	4				
Ages Served:	2-5yrs				

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

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

LICENSURE PROCEDURES 19a-79-2a

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

1. (c)(8) Local Health Inspection-Date: 12-7-23

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	POLICIES-COMLETE/IMPLEMENTED
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)-C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	ACCESS
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	POSTINGS
<input checked="" type="checkbox"/> (e)(1)	License posted
<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> (e)(3)	Menus posted
<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

<input checked="" type="checkbox"/> 19. (a)(1)	
<input checked="" type="checkbox"/> 20. (a)(3)	
<input checked="" type="checkbox"/> 21. (b)	
<input checked="" type="checkbox"/> 22. (b)(4)	
<input checked="" type="checkbox"/> 23. (d)	
<input checked="" type="checkbox"/> 24. (d)(1)	
<input checked="" type="checkbox"/> 25. (d)(2)	
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	
<input checked="" type="checkbox"/> 27. (d)(4)(A)	
<input checked="" type="checkbox"/> 28. (d)(4)(B)	
<input checked="" type="checkbox"/> 29. (d)(6)	
<input checked="" type="checkbox"/> (d)(4)(D)	
<input checked="" type="checkbox"/> (d)(5)	
<input checked="" type="checkbox"/> (d)(5)(A)	
<input checked="" type="checkbox"/> (d)(5)(B)	
<input checked="" type="checkbox"/> (e)(1)	
<input checked="" type="checkbox"/> 31. (f)(1)	
<input checked="" type="checkbox"/> 32. (f)(2)	
<input checked="" type="checkbox"/> 33.	
<input checked="" type="checkbox"/> (a)(2)	
<input checked="" type="checkbox"/> (h)(1)(2)	
<input checked="" type="checkbox"/> (h)(1)(2)	
<input checked="" type="checkbox"/> (4)(C)(ii-v)	
<input checked="" type="checkbox"/> (4)(C)(i)	
<input checked="" type="checkbox"/> (e)(6)	
<input checked="" type="checkbox"/> (e)(6)	
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	
<input checked="" type="checkbox"/> (i)	
<input checked="" type="checkbox"/> (i)(2)(A-H)	
<input checked="" type="checkbox"/> (F)	
<input checked="" type="checkbox"/> (i)(2)	
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

Staff health records
Disciplinary actions
Comprehensive Background Checks
Evidence of compliance
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff

RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group-ratios
Nap time ratio
Supervision-Indoors/Outdoors

GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff

PROFESSIONAL DEVELOPMENT
Documentation
Health & Safety training
1% annual hours

SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising

CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian (N/A)
Consultant agreements-signed annually
Agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

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

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Orched Steps Learning Center		70756	12-3-24
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input type="checkbox"/> 36. (a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)	Walkways maintained
<input type="checkbox"/> 37. (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input type="checkbox"/> 38. (a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.	TOILETING
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45. (a)(4)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
		<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
		<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
		(d)(11)	Staff personal articles inaccessible
		<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE
		<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
		<input checked="" type="checkbox"/> (e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
		(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
		(e)(4)	Water temperature 60 °F - 120 °F
		(e)(5)	Portable space heaters prohibited
		(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
		(e)(6)	Rugs- not tripping/slipping hazard
		(e)(7)	Hot water/Steam pipes protected
		(e)(7)	Working phone on each level
		(e)(7)	Emergency numbers posted-adjacent to phones
		<input checked="" type="checkbox"/> (e)(8)	Parents provided direct on site phone number
		<input checked="" type="checkbox"/> (e)(9)	LIGHTING
		<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
		<input checked="" type="checkbox"/> (e)(10)	Schl age only-lighting for comfort
		(e)(11)	Light fixtures shielded/shatter proof
		(e)(12)	Potentially hazardous substances, materials - labeled, inaccessible
		(e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
		(e)(14-15)	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> 100. (e)(16)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> 101. (e)(17)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> 102. (e)(18)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/> 103. (f)(1)(A)	Radon test- Results: <u>1-7</u> N/A
		<input checked="" type="checkbox"/> 104. (g)(1)	Results posted-Date: <u>11-12-21</u> (Schls-N/A)
		<input checked="" type="checkbox"/> 105. (g)(2)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> 106. (g)(3)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> 107. (g)(4)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			Air conditioners, water heaters, fuse boxes inaccessible
			Developmentally app equipment, materials
HEALTH and SAFETY 19a-79-6a			
<input checked="" type="checkbox"/> 46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> 83.	
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84.	
<input type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 85.	
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> 86.	
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/> 87.	
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 88.	
<input checked="" type="checkbox"/> 52. (a)(7)	Kitchen-separated (Schl age only N/A)	<input checked="" type="checkbox"/> 89. (N/A)	
<input checked="" type="checkbox"/> 53. (a)(8)	Kitchen clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 90.	
<input checked="" type="checkbox"/> 54. (a)(9)	Separate hand washing facilities	<input checked="" type="checkbox"/> 91.	
<input checked="" type="checkbox"/> 55. (a)(10)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 92.	
<input checked="" type="checkbox"/> 56. (a)(11)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 93.	
<input checked="" type="checkbox"/> 57. (b)(1)	Kitchen clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 94.	
<input checked="" type="checkbox"/> 58. (b)(2)	Children supervised during meal prep		
<input checked="" type="checkbox"/> 59. (c)	Handwashing-staff/children		
<input checked="" type="checkbox"/> 60. (c)	Illness procedures-staff knowledgeable, children observed for signs/symptoms		
<input checked="" type="checkbox"/> 61. (d)	Designated isolation area		
	Designated isolation area		
	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips		
	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier		
	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>10-11-24</u>	<input type="checkbox"/> 95.	
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96.	
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 97.	
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 98.	
<input type="checkbox"/> 66. (c)(2)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 99.	
<input checked="" type="checkbox"/> 67. (c)(3)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 100.	
<input checked="" type="checkbox"/> 68. (c)(4)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 101.	
<input checked="" type="checkbox"/> 69. (c)(5)(A)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 102.	
<input checked="" type="checkbox"/> (c)(5)(B)	WATER SUPPLY - Public Well (Schools-N/A)	<input checked="" type="checkbox"/> 103.	
<input checked="" type="checkbox"/> (c)(5)(C)	Lead Water Test - Date: <u>1-30-24</u>	<input checked="" type="checkbox"/> 104.	
<input checked="" type="checkbox"/> 70. (c)(6)(A)	Bact./Chem Test-Date: (N/A)	<input checked="" type="checkbox"/> 105.	
<input checked="" type="checkbox"/> (c)(6)(B-D)	Drinking water available/accessible	<input checked="" type="checkbox"/> 106.	
<input checked="" type="checkbox"/> 71. (d)(1)	LEAD PAINT - Peeling Paint - (N/A) Inside/Outside Building Pre-78: (N/A) Lead Test: (N/A) Results <u>Lead management plan</u>	<input checked="" type="checkbox"/> 107.	
	Lead Management Plan _____		
	Emergency vehicle access		

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

PROGRAM NAME Orsted Steps Learning Center	LICENSE NUMBER 70756	DATE OF INSPECTION 12.3.24
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N**

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

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

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

DISCUSSIONS - COMMENTS

SIGNATURE OF OEC STAFF 	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME Lori Mangano	PRINTED NAME Falasha Campbell

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 12.17.24	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ordered Steps Learning Center License # 70756 Date: 12.3.24

Observations/Corrections needed: Regulation was not in compliance when ...

5(b)(6) - 3 staff did not receive annual policy training

1(b)(7)(B) - 2 child files without documentation that parents were informed of behavior management techniques

27(d)(4)(B) - the under 3 room had a 1 to 5 ratio.

36(a)(1)(AC) - child enrollments are missing parent business address # (m)

37(a)(1)(D)(i) - 2 child files do not include emergency permission and permission does not include staff treating a child if needed.

(a)(1)(D)(ii) - 2 child files do not include authorized release person

38(a)(2)(A-B) 2 children have incomplete page 2 of health record.

40(a)(2)(E) 1 child without an individual care plan and staff did not sign any

48(a)(3) } individual care plans.

lunch boxes with perishable items are not properly refrigerated

16b(c)(2) - preschool side had a tall cubby not secured and soiled microwave / under 3 side has window trim not secured and staples are accessible to children.

89(e)(5) - on lower level walls have a lot of chipped paint and rough to the touch.

95(e)(10) drawers under the lunch box shelf had lysol, meyers, carpet cleaner and 2 clorox and in a lower locker was lysol accessible / under 3 section under open changing table had lotions, lysol and clorox accessible.

121(d)(1)(A-C) under 3 sink does not have hot and cold running water and not working properly.

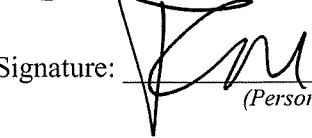
133(h)(2) - there were 2 small toys in a child's mouth that were under 1/4"

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

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

Signature:  Cathy Anne
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:  (Person in Charge)

OEC BY: 12.17.24

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ordered Steps Learning Center License # 70756 Date: 12.3.24

Observations/Corrections needed:

160 (b)(1)(D) - Staff do not have injectable certification on file and children require injectables.

161 (b)(3)(A-B) - 3 expired authorization forms, 3 medications have authorization on incorrect forms. 3 medications without authorization forms.

164 (b)(5)(A-B) - 4 medications without labels

165 (b)(5)(C) - emergency medications are accessible to children (4)

166 (b)(5)(D) 2 medications expired

DISCUSSION

- reviewed new regulations
- renewed lead management plan requirements
- enrollment forms

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

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

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 12.17.24