

**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:	Methodist Nursery School	Date of Inspection:	12/6/24	Time of Arrival:	12:05 PM
Address:	1089 Fairfield Woods Road	License Number:	13108	Expiration Date:	5.31.25
Town:	Fairfield, Ct. 06825	Telephone Number:	(203) 374-6548	Summer Care:	NO
Operator:	Fairfield Grace United Methodist Church	# of Staff Present:	6	# over 3 Present:	36
Email:	mnsoffice@mnskids.com	Total Capacity:	70	Total Under 3 capacity:	15
Designated Director:	Denise Lee	Hours/Days of Operation:	M-F 9am-	# under 3 Present:	1
				Ages Served:	2-12

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: 8.31.23

**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. **POLICIES-COMplete/IMPLEMENTED**
  - (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. **ACCESS**
  - (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. **POSTINGS**
  - (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

- 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. **RATIOS**
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group-ratios
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. **GROUP SIZE**
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation
  - (b)(1)(2) Health & Safety training
  - (h)(1)(2) 1% annual hours
- 33. **SWIMMING ACTIVITIES - Y/N**
  - (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
- 34. **CONSULTANTS**
  - (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
- 35. (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**

<b>PROGRAM NAME</b>	<u>Methodist Nurse School</u>	<b>LICENSE NUMBER</b>	<u>13108</u>	<b>DATE OF INSPECTION</b>	<u>12-6-24</u>
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**RECORD KEEPING 19a-79-5** | **PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	37.		<b>PARENT PERMISSIONS</b>	<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
		<input checked="" type="checkbox"/>	(a)(1)(D)(i) Emergency medical permission	<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens (Schl age only- N/A)
		<input checked="" type="checkbox"/>	(a)(1)(D)(ii) Authorized release permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
		<input checked="" type="checkbox"/>	(a)(1)(D)(iii) Field trip permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
		<input checked="" type="checkbox"/>	(a)(1)(D)(iv) Transportation permission	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	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"/>	42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/>	82.		<b>TOILETING</b>
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality				Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases				Toileting needs met
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days				Potty chairs-nonporous, emptied, disinfected

**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.	(d)(10)(A)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	84.	(d)(10)(B)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(C)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection _____ N/A	<input checked="" type="checkbox"/>		(d)(10)(D)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/>		(d)(10)(E)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(E)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		(d)(10)(F)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/>		(d)(10)(G)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>		(d)(10)(H)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>		(d)(11)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		(e)(1)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>		(e)(2)	Working phone on each level
<input checked="" type="checkbox"/>	59.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>		(e)(3)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	60.	(c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/>		(e)(4)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	61.	(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>		(e)(5)	<b>LIGHTING</b>
				<input checked="" type="checkbox"/>		(e)(6)	All areas min. 1 foot candle of lighting
				<input checked="" type="checkbox"/>		(e)(7)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
				<input checked="" type="checkbox"/>		(e)(8)	Schl age only-lighting for comfort
				<input checked="" type="checkbox"/>		(e)(9)	Light fixtures shielded/shatter proof
				<input checked="" type="checkbox"/>		(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
				<input checked="" type="checkbox"/>		(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
				<input checked="" type="checkbox"/>		(e)(12)	Stairs-protected/good repair-handrails
				<input checked="" type="checkbox"/>		(e)(13)	Toxic plants/materials inaccessible
				<input checked="" type="checkbox"/>		(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
				<input checked="" type="checkbox"/>		(e)(16)	Prevention of vermin-openings screened
				<input checked="" type="checkbox"/>		(e)(17)	Radon test- Results: <u>0.5 pBq/L</u> N/A
				<input checked="" type="checkbox"/>		(e)(18)	Results posted-Date: <u>8-9-24</u> (Schls-N/A)
				<input checked="" type="checkbox"/>		(f)(1)(A)	Carbon monoxide detector-each level N/A
				<input checked="" type="checkbox"/>		(g)(1)	Program space-adequate-35 sq. ft. per child
				<input checked="" type="checkbox"/>		(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
				<input checked="" type="checkbox"/>		(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
				<input checked="" type="checkbox"/>		(g)(4)	Air conditioners, water heaters, fuse boxes inaccessible
				<input checked="" type="checkbox"/>			Developmentally app equipment, materials

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>8-28-24</u>	<input checked="" type="checkbox"/>	95.	(e)(10)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>		(e)(11)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>		(e)(12)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>		(e)(13)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/>		(e)(14-15)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/>		(e)(16)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		(e)(17)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	69.		<b>WATER SUPPLY</b> <u>Public/Well</u> (Schools-N/A)	<input checked="" type="checkbox"/>		(e)(18)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/>	(c)(5)(A) Lead Water Test - Date: <u>9-16-24</u>	<input checked="" type="checkbox"/>		(f)(1)(A)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/>	(c)(5)(B) Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/>		(g)(1)	Radon test- Results: <u>0.5 pBq/L</u> N/A
		<input checked="" type="checkbox"/>	(c)(5)(C) Drinking water available/accessible	<input checked="" type="checkbox"/>		(g)(2)	Results posted-Date: <u>8-9-24</u> (Schls-N/A)
<input checked="" type="checkbox"/>	70.		<b>LEAD PAINT</b> - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>None</u>	<input checked="" type="checkbox"/>		(g)(3)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/>	(c)(6)(A) Lead Management Plan _____	<input checked="" type="checkbox"/>		(g)(4)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/>	(c)(6)(B-D) _____	<input checked="" type="checkbox"/>			Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access	<input checked="" type="checkbox"/>			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 3**

PROGRAM NAME

Methodist Nursery School

LICENSE NUMBER

13108

DATE OF INSPECTION

12/6/24

**PHYSICAL PLANT 19a-79-7a cont.**

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

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

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

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

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) **EDUCATIONAL REQUIREMENTS**  
(1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
- (b) Limited access to screen time/video games

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

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

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

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

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

PROGRAM NAME: Methodist Nursemaid School LICENSE NUMBER: 13108 DATE OF INSPECTION: 12/6/24

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

- 147. (b)
- 148. (b)(1)
- 149. (b)(2)
- 150. (b)(3)
- 151. (b)(4)
- 152. (b)(5)
- 153. (b)(6)
- 154. (b)(8)
- 155. (b)(9)
- 156. (b)(10)

Approved Night Care Endorsement  
 Person in charge-head teacher  
 Written plan for program activities- meet individual needs, sleep patterns, quiet activities  
 Written plan for supervision including cot placement and evacuation  
 Children in care no more than 12 hrs. in 24  
 Staff awake and available  
**SLEEP PROVISIONS**  
 Individual cot/crib with bedding  
 Sleeping apparel/toiletries labeled  
 Required bedding  
 Required toiletries  
 Bedding/sleeping apparel laundered weekly  
 Sleep arrangements for infants  
 Air temp 65 °F at 3 ft  
 Fire marshal approval-hours specified  
 Local health approval

**MONITORING OF DIABETES 19a-79-13 Y/N**

- 171. (a)(1)
- 172. (b)(1)(A)
- (b)(1)(B) (i)-(iii)
- (b)(2)
- (b)(3)
- (c)(2)
- 173. (c)(3)
- 174. (d)(1)
- 175. (d)(2)
- 176. (d)(3)
- 177. (e)(1)
- 178. (e)(2)
- 179. (e)(3)

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

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

- 157. (9a)
- 158. (9a)
- 159. (a)(2)
- (a)(3)(A-B)
- (a)(3)(C)
- 160. (b)(1)(A/C)
- (b)(1)(D)
- (b)(1)(E)
- (b)(1)(F)
- (b)(2)(A-B)
- (b)(2)(C)
- 161. (b)(3)(A-B)
- 162. (b)(3)(D)
- 163. (b)(4)(A-B)
- 164. (b)(5)(A-B)
- 165. (b)(5)(C)
- 166. (b)(5)(D)
- 167. (b)(5)(E)
- 168. (b)(6)
- 169. (b)(7)(A-B)
- 170. (d)

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 N/A

**ADDITIONAL VIOLATION**

180. N/A Consent Order/Negotiated Corrective Action Plan conditions N/A

**DISCUSSIONS - COMMENTS**

See Supplemental page

SIGNATURE OF OEC STAFF: Terri R Roberts  
 PRINTED NAME: Terri R Roberts

SIGNATURE OF PERSON IN CHARGE: Denise Lee  
 PRINTED NAME: Denise Lee

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

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 12-20-24  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Methodist Nursery School License # 13108 Date: 12.6.24

Observations/Corrections needed:

41 - injury reports not given to parents and illness reports are not completed and given to parents

Discussed - Youth room used as field trip written permission <sup>from parents</sup> on file

Discussed - Odor in Women's bathroom near playground clear  
No School age children currently enrolled

Attendance to be recorded daily as opposed to a class time and checked

Discussed new regs, updates and requirements  
Impact material frozen unable to measure, program will maintain compliance with requirement.

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]  
Print Name: Terri K Roberts  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12.20.24

Signature: [Signature]  
Print Name: Denise Lee  
(Person in Charge)