



CONNECTICUT OFFICE OF LICENSING
DIVISION OF LICENSING

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

Building Blocks of Windsor
842 Marshall Phelps Rd
Windsor, CT 06095
Building Blocks
Carrie-abave@learningcenterct.com
Carolyn Abave

12/18/24
13709
860-283-2777
of Staff Present: 12
Total Capacity: 111
over 3 Present: 17
Total Under 3 capacity: 94
under 3 Present: 24
Ages Served: 6w-1
MTF 10:30-5:30 PM

83 AM
9/30/25
OPEN

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

Local Health Inspection Date: 11/16/25

1. (c)(8)

- 2. (a)
- 3. (b)
- 4. (b)(6)
- 5. (b)(6)
- 6. (b)(7)(A)
- 7. (b)(7)(B)
- 8. (b)(7)(C)
- 9. (b)(7)(E)
- 10. (c)(1-4)
- 11. (d)(2)(A)
- 12. (d)(2)(B-C)
- 13. (d)(3)
- 14. (d)(4)(A)
- 15. (d)(4)(B)
- 16. (d)(5)
- 17. (d)(6)
- 18. (d)(6)(C)
- 19. (d)(7)
- 20. (d)(1)
- 21. (f)
- 22. (h)
- 23. (l)
- 24. (m)
- 25. (n)
- 26. (o)
- 27. (e)(1)
- 28. (e)(2)
- 29. (e)(3)
- 30. (e)(4)
- 31. (e)(5)
- 32. (e)(6)

Ensuring health & safety of children
 Overall management of program
 Employee orientation for new program staff
 Annual policy training for program staff
 Child behavior management
 Documentation that parents were informed of behavior management techniques
 Child Protection
 Mandated Reporting
 Notification of Change
POLICIES-COMplete/IMPLEMENTED
 Discipline policy
 Child Protection policy
 Closing time policy
 Medical emergency policy
 Multi-Hazards policy-annual drill
 Supervision policy
 General Operating policies
 Administrative Oversight policy
 Personnel policies
 Daily attendance-children/staff- keep 1 yr.
ACCESS
 Immediate access by parents
 Immediate access by OEC-facility/records
 2.8 yr olds enrolled in preschool-authorization
 Motor vehicle laws-transportation
 Capacity
 Respond to OEC-no false, misleading statements or documents
POSTINGS
 License posted
 OEC Complaint Procedure posted
 Menus posted
 No Smoking posted signs at entrances
 OEC Inspection report posted or available
 Developmental Milestones posted

- STAYING IN CONSULTATION**
- 19. (a)(1)
 - 20. (a)(3)
 - 21. (b)
 - 22. (b)(4)
 - 23. (d)
 - 24. (d)(1)
 - 25. (d)(2)
 - 26. (d)(3)(A-C)
 - 27. (d)(4)(A)
 - 28. (d)(4)(B)
 - 29. (d)(6)
 - 30. (d)(4)(D)
 - 31. (d)(5)
 - 32. (d)(5)(A)
 - 33. (d)(5)(B)
 - 34. (e)(1)
 - 35. (f)(1)
 - 36. (f)(2)
 - 37. (g)(1)
 - 38. (g)(2)
 - 39. (g)(3)
 - 40. (g)(4)
 - 41. (g)(5)
 - 42. (g)(6)
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 - 89. (g)(53)
 - 90. (g)(54)
 - 91. (g)(55)
 - 92. (g)(56)
 - 93. (g)(57)
 - 94. (g)(58)
 - 95. (g)(59)
 - 96. (g)(60)
 - 97. (g)(61)
 - 98. (g)(62)
 - 99. (g)(63)
 - 100. (g)(64)
- Staff health records
 Disciplinary actions
 Comprehensive Background Check
 Evidence of compliance
 Adequate staffing
 Designated head teacher-approved
 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 trip
 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
 Swimming-Ratios
 Non-swimmers identified
 CPR certified staff-age 20 or older
 Lifeguard-certified-supervisor
- | | Contract | Log |
|------------|-------------------------------------|-------------------------------------|
| Education | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Soc. Serv. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dietitian | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Building Blocks of Windsor

13709

12/18/24

RECORD KEEPING

36.	(a)(1)(A-C)	Children's Enrollment information
37.		PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
38.	(a)(2)(A-B)	Child Health Records
39.	(a)(2)(C)	Immunization records
40.	(a)(2)(E)	Individual care plan-signed by parents/staff
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
42.	(a)(3)(B)	Parent notification of illness or injury
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
45.	(a)(4)	Video recordings- keep 30 days

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		TOILETING
<input checked="" type="checkbox"/> (d)(10)(A)		Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(B)		Toileting needs met
<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 licensee 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 phone
(e)(7)		Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(8)		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)(9)		Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(9)		Light fixtures shielded/shatter proof
(e)(10)		Potentially hazardous substances, materials-labeled, inaccessible
(e)(11)		Garbage/rubbish-disposed of daily, contained in good repair
(e)(12)		Stairs-protected/good repair-handrails
(e)(13)		Toxic plants/materials inaccessible
(e)(14-15)		Pets or other animals-in good health, written care plan including access to children
(e)(16)		Prevention of vermin-openings screened
(e)(17)		Radon test- Results: <u>9</u> N/A
(e)(18)		Results posted-Date: <u>2/23/09</u> (Schls-N/A)
(f)(1)(A)		Carbon monoxide detector-each level N/A
(g)(1)		Program space-adequate-35 sq. ft. per child
(g)(2)		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
(g)(3)		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
(g)(4)		Air conditioners, water heaters, fuse boxes inaccessible
(g)(4)		Developmentally app equipment, materials

HEALTH and SAFETY 19a-79-6a

46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code <u>N/A</u>
47.	(a)(2)	Nutritious meals and snacks
48.	(a)(3)	Proper refrigeration-41 degrees
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
50.	(a)(5)	Food Service Inspection <u>N/A</u>
51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
52.	(a)(7)	Separate hand washing facilities
53.	(a)(8)	Multi-use eating/drinking utensils
54.	(a)(9)	Kitchen separated (Schl age only N/A)
55.	(a)(10)	Children supervised during meal prep
56.	(a)(11)	Handwashing-staff/children
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
58.	(b)(2)	Designated isolation area
59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
60.	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

<input checked="" type="checkbox"/> 83.		
<input checked="" type="checkbox"/> 84.		
<input checked="" type="checkbox"/> 85.		
<input checked="" type="checkbox"/> 86.		
<input checked="" type="checkbox"/> 87.		
<input checked="" type="checkbox"/> 88.		
<input checked="" type="checkbox"/> 89.		
<input checked="" type="checkbox"/> 90.		
<input checked="" type="checkbox"/> 91.		
<input checked="" type="checkbox"/> 92.		
<input checked="" type="checkbox"/> 93.		
<input checked="" type="checkbox"/> 94.		

PHYSICAL PLANT 19a-79-7a

62.	(a)(2)	Fire marshal codes/certificate <u>3/26/24</u>
63.	(b)	Indoor/Outdoor space inspected <u>approved</u>
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) <u>(N/A)</u>
68.	(c)(4)	Testing of premises/grounds for chemicals
69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY (Public/Well (Schools-N/A))
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>3/26/24</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u>N/A</u>
70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____ Lead Management Plan _____
71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.		
<input checked="" type="checkbox"/> 96.		
<input checked="" type="checkbox"/> 97.		
<input checked="" type="checkbox"/> 98.		
<input checked="" type="checkbox"/> 99.		
<input checked="" type="checkbox"/> 100.		
<input checked="" type="checkbox"/> 101.		
<input checked="" type="checkbox"/> 102.		
<input checked="" type="checkbox"/> 103.		
<input checked="" type="checkbox"/> 104.		
<input checked="" type="checkbox"/> 105.		
<input checked="" type="checkbox"/> 106.		
<input checked="" type="checkbox"/> 107.		

CHILD CARE CENTER HOME INSPECTION

ADDRESS: Building Blocks of Windsor LICENSE NO: 13109 DATE: 12/18/24

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.		OUTDOOR SPACE
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
112.		OUTDOOR PROTECTED/FENCING
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)
	<input checked="" type="checkbox"/> (f)(2)
	<input checked="" type="checkbox"/> (f)(3)
	<input checked="" type="checkbox"/> (f)(4)
<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1)
	<input checked="" type="checkbox"/> (g)(1)
	<input checked="" type="checkbox"/> (g)(1)
	<input checked="" type="checkbox"/> (g)(2)
	<input checked="" type="checkbox"/> (g)(3)
	<input checked="" type="checkbox"/> (g)(4)
	<input checked="" type="checkbox"/> (g)(5)
	<input checked="" type="checkbox"/> (g)(6)
	<input checked="" type="checkbox"/> (g)(7)
	<input checked="" type="checkbox"/> (g)(8)
<input checked="" type="checkbox"/> 131.	(h)(1)
<input checked="" type="checkbox"/> 132.	(h)(1)
<input checked="" type="checkbox"/> 133.	(h)(2)
<input checked="" type="checkbox"/> 134.	(h)(2)
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)
<input checked="" type="checkbox"/> 136.	

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
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

<input checked="" type="checkbox"/> 137.	(l)(1)
<input checked="" type="checkbox"/> 138.	(l)(2)
<input checked="" type="checkbox"/> 139.	(l)(3)
	<input checked="" type="checkbox"/> (k)(1)
	<input checked="" type="checkbox"/> (k)(2)
	<input checked="" type="checkbox"/> (k)(3)
	<input checked="" type="checkbox"/> (k)(4)
	<input checked="" type="checkbox"/> (k)(5)

<input checked="" type="checkbox"/> (j)
<input checked="" type="checkbox"/> (i)

UNDER THREE ENDORSEMENT 19a-79-10

SCHOOL AGE ENDORSEMENT 19a-79-11

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)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
123.	(d)(2)(B)	Washable cots
124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
126.	(d)(2)(E)	Refrigerator and food prep facilities
127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
128.		DIAPERING
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed

<input checked="" type="checkbox"/> 140.
<input checked="" type="checkbox"/> 141.
<input checked="" type="checkbox"/> 142.
<input checked="" type="checkbox"/> 143.
<input checked="" type="checkbox"/> 144.
<input checked="" type="checkbox"/> 145.
<input checked="" type="checkbox"/> 146.

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

PROGRAM NAME: Building Blocks of Windsor **LICENSE NUMBER:** 13709 **DATE OF INSPECTION:** 12/18/20

NIGHT CARE ENDORSEMENT 15-79-12 **MONITORING OF DIABETES 15-79-12**

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
148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.		
149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
150.	(b)(3)	Written plan for supervision including cot placement and evacuation		<input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2)	
151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 173.	(c)(3)	
152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 174.	(d)(1)	
153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/> 175.	(d)(2)	
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 176.	(d)(3)	
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 177.	(e)(1)	
	<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 178.	(e)(2)	
	<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 179.	(e)(3)	
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly			
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants			
154.	(b)(8)	Air temp 65 °F at 3 ft			
155.	(b)(9)	Fire marshal approval-hours specified			
156.	(b)(10)	Local health approval			

ADMINISTRATION OF MEDICATIONS 19a-79-9a **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION	- New regulations - update policies/procedures and consultant contract - Education consultant visit once - Health + safety training - Administrative oversight - See supplemental report for violation 1 year for director course Infant room- storage to clean Medication expire end of Dec 2021 1 fridge in 15 kitchen at 50°F 1 tile missing in empty 15 room		
	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors			
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage			
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/> 160.		MEDICATION TRAINING			
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant			
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication			
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication			
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector			
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates			
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file			
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage			
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible			
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation			
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization			
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)			

SIGNATURE OF OEC STAFF: *Asha Kellerman* **SIGNATURE OF PERSON IN CHARGE:** *Brenda Denis*
PRINTED NAME: Kellerman **PRINTED NAME:** Brenda Denis

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks of Windsor License # 13709 Date: 12/15/24

Observations/Corrections needed:

- Regulations not in compliance when observed
- #5 - 1 staff have annual policy training
- #33(a)(2) - Most staff have no documentation of PD
- (h)(1)(2) - Most staff have no 17. PD hours
- #66 - Bathroom floor dirty in 3^s room, dirty microwaves dirty in 4^s room, infants room, school age room and 1^s kitchen.
- #86 - Water temperature in 2^s at 122.7 and 120.5.
- #195 - bottles in some rooms unlabeled with dilutions
- #136(k)(5) - 4 infant bottles unlabeled

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: Ara Muller
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Brenda Denis
(Person in Charge)
Brenda Denis

OEC BY: 1/1/2025