CONNECTICUT

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING

CONNECTICUT Early Childhood

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:	Greenknoll	Date of Inspection:	12/26/24	Time of Arrival:	9:20
Address:	2 Huckelberry Hill Rd	License Number:	12730	Expiration Date:	7/31/25
Town:	Brookfield	Telephone Number:	203 775-4444 ext. 120	Summer Care:	closed
Operator:	Regional YMCA of Western CT	# of Staff Present: 2	# over 3 Present: 2	# under 3 Present: 0	
Email:	sturner@regionalymca.org	Total Capacity: 23	Total Under 3 capacity: 0	Ages Served:	5 to 12
Designated Director:	Sean Turner	Hours/Days of Operation:	M-F 7:30-8:30 3:00-6:00		

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:	8/29/24

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) ✓ JF	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
		License posted
		OEC Complaint Procedure posted
		Menus posted
		No Smoking posted signs at entrances
		OEC Inspection report posted or available
		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.		RATIOS
	☑ (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.		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
☑ 30.	(e)(1)	Designated director-training
☑ 31.	(f)(1)	CPR certified program staff
☑ 32.	(f)(2)	First aid certified program staff
☑ 33.		PROFESSIONAL DEVELOPMENT
	☑ (a)(2)	Documentation
	☑ (h)(1)(2)	Health & Safety training
	☑ (h)(1)(2)	1% annual hours
☑ 34.		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
☑ 35.		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) (H)(i)-(I)(i)	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	Greenknoll	LICENSE NUMBER	12730	DATE OF INSPECTION	12/24/24

RECORD KEEPING 19a-79-5

☑ 36.	(a)(1)(A-C)	Children's Enrollment information	
☑ 37.		PARENT PERMISSIONS	
	☑ (a)(1)(D)(i)	Emergency medical permission	
	☑ (a)(1)(D)(ii)	Authorized release permission	
	☑ (a)(1)(D)(iii)	Field trip permission	
	☑ (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	

HEALTH and SAFETY 19a-79-6a

☑ 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	
☑ 47.	(a)(2)	Nutritious meals and snacks	
☑ 48.	(a)(3)	Proper refrigeration–41 degrees	
☑ 49.	(a)(4) JF	Menus–1 wk in advance- keep 3 mths	
☑ 50.	(a)(5)	Food Service Inspection n	N/A
☑ 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.	☑ (c)	FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	
☑ 60.	☑ (c)	FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	
☑ 61.	☑ (d)	FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	

PHYSICAL PLANT 19a-79-7a

☑ 62.	(a)(2)	Fire marshal codes/certificate 8/26/24	
☑ 63.	(b)	Indoor/Outdoor space inspected/approved	
☑ 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)	(N/A)
☑ 68.	(c)(4)	Testing of premises/grounds for chemicals	
☑ 69.		WATER SUPPLY – Public/Well (Schools-N/A)	
	☑ (c)(5)(A)	Lead Water Test – Date: 8/23/24	
	☑ (c)(5)(B)	Bact./Chem Test-Date: 2/27/24	N/A
	☑ (c)(5)(C)	Drinking water available/accessible	
☑ 70.		LEAD PAINT - Peeling Paint – Y/N Inside/Outside	
	☑ (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N Results n/a	
	☑ (c)(6)(B-D)	Lead Management Plan n/a	
☑ 71.	(d)(1)	Emergency vehicle access	

PHYSICAL PLANT 19a-79-7a cont.

☑ 72.	(d)(2)	Walkways maintained	
☑ 73.	(d)(3)	Windows protected to prevent falls	
☑ 74.	(d)(3)	Window screens (Schl age only- N/A)	
☑ 75.	(d)(4)	Glass and mirrors protected to 36"	
☑ 76.	(d)(5)	Overhead doors–locking devices, spring protectors	N/A
☑ 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed	
☑ 78.	(d)(7)	Individual storage of clothing/bedding	
☑ 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds	
☑ 80.	(d)(8)	Matches/lighters inaccessible	
☑ 81.	(d)(9)	Electrical safety–outlets inaccessible -covered or protected (Schl age only-N/A)	
☑ 82.		TOILETING	
	☑ (d)(10)(A)	Shared toilets/sinks–supervision plan	
	☑ (d)(10)(B)	Toileting needs met	
	☑ (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected	
	☑ (d)(10)(C)	Required toilets/sinks–1:16	
	☑ (d)(10)(D)	Required toilets/sinks–1:25 schl age only	
	☑ (d)(10)(E)	Toileting Supplies–Hand drying-Garbage	
	☑ (d)(10)(E)	Handwashing staff/children	
	☑ (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises	
	☑ (d)(10)(G)	Well lighted/ventilated toilet rooms	
	☑ (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)	
☑ 83.	(d)(11)	Staff personal articles inaccessible	
☑ 84.		AIR TEMPERATURE	
	☑ (e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)	
☑ 85.			
	☑ (e)(1)	Air temp<65°F comfortable (Schl age only-N/A)	
	☑ (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation	
☑ 86.	(e)(3)	Water temperature 60 °F – 120 °F	
☑ 87.	(e)(4)	Portable space heaters prohibited	
☑ 88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair	
☑ 89.	(e)(5)	Rugs- not tripping/slipping hazard	
☑ 90.	(e)(6)	Hot water/Steam pipes protected	
☑ 91.	(e)(7)	Working phone on each level	
☑ 92.	(e)(7)	Emergency numbers posted-adjacent to phones	
☑ 93.	(e)(7)	Parents provided direct on site phone number	
☑ 94.		LIGHTING	
	☑ (e)(8)	All areas min. 1 foot candle of lighting	
	☑ (e)(9)	Adequate lighting–30/50 candle feet–napping children-sufficient lighting to be visible	
	☑ (e)(9)	Schl age only-lighting for comfort	
	☑ (e)(9)	Light fixtures shielded/shatter proof	
☑ 95.	(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible	
☑ 96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair	
☑ 97.	(e)(12)	Stairs-protected/good repair-handrails	
☑ 98.	(e)(13)	Toxic plants/materials inaccessible	
☑ 99.	(e)(14-15)	Pets or other animals–in good health, written care plan including access to children	
☑ 100.	(e)(16)	Prevention of vermin-openings screened	
☑ 101.	(e)(17)	Radon test- Results: 12/12/08	N/A
		Results posted-Date: ____	(Schls-N/A)
☑ 102.	(e)(18)	Carbon monoxide detector-each level	N/A
☑ 103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child	
☑ 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust	
☑ 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)	
☑ 106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible	
☑ 107.	(g)(4)	Developmentally app equipment, materials	

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

PROGRAM NAME	Greenknoll	LICENSE NUMBER	12730	DATE OF INSPECTION	12/26/24

PHYSICAL PLANT 19a-79-7a cont.

☑ 108.	(g)(5)		Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
☑ 109.	(g)(6)		Indoor climbing play equipment-shock absorbing materials under and around
☑ 110.	(j)		No weapons/no facsimile of a firearm
☑ 111.			OUTDOOR SPACE
	☑	(h)(1)	Adequate space- 75 sq. ft. per child
	☑	(h)(2)	Shock absorbing surfaces-minimum 8"
	☑	(h)(3)	Playground free from hazards
	☑	(h)(4)	Nuts, bolts, screws-tight, covered/protected
	☑	(h)(5)	Outside equipment anchored–anchors buried
	☑	(h)(6)	New equip- cert playg. Inspection upon request
	☑	(h)(8)	Drinking water available/accessible
	☑	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
☑ 112.			OUTDOOR PROTECTED/FENCING
	☑	(h)(7)	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
	☑	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
☑ 114.			WATER HAZARDS
	☑	(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A
	☑	(i)	Wading pools prohibited
	☑	(i)	Hot tubs/spas/saunas-locked/inaccessible N/A

EDUCATIONAL REQUIREMENTS 19a-79-8a

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

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

☐ 117.	(b)		Approved Under 3 Endorsement
☐ 118.	(c)(2)		Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
☐ 119.	(c)(3)		Group size-max 8 (6wks-24mths), max 10 (24-36mths)
☐ 120.	(c)(4)		Physical barriers- indoors/outdoors
☐ 121.	(d)(1)(A-C)		Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
☐ 122.	(d)(2)(Ai-iii)		Cribs-in compliance w/CPSC (manf. after 6/28/11)
☐ 123.	(d)(2)(B)		Washable cots
☐ 124.	(d)(2)(C)		Chairs for feeding-stable base-safety straps-locking tray
☐ 125.	(d)(2)(D)		Dev. appropriate tables/chairs/equipment
☐ 126.	(d)(2)(E)		Refrigerator and food prep facilities
☐ 127.	(d)(3)(A-C)		Optional furniture/equip-safe/hazard free
☐ 128.			DIAPERING
	☐	(e)(1)	Diaper area: elevated/sturdy/safety rail
	☐	(e)(2)	Diaper area: used only for this purpose, located in the program area
n/a			
	☐	(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

UNDER THREE ENDORSEMENT 19a-79-10 cont.

☐ 129.			LINENS/CLOTHING
	☐	(f)(1)	Linens/emergency clothing available
n/a	☐	(f)(2)	Linens washed weekly or as needed
	☐	(f)(3)	Linens/clothing stored individually
	☐	(f)(4)	Cribs/cots cleaned-linens changed when shared
☐ 130.			SAFE SLEEP
	☐	(g)(1)	Under 12 mths placed on back for sleeping
	☐	(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
	☐	(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
n/a	☐	(g)(2)	Infants allowed to adopt other sleep positions
	☐	(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	☐	(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
	☐	(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	☐	(g)(6)	Observe/assess infants at least every 15 minutes
	☐	(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	☐	(g)(8)	Safe sleep policies posted/parents informed
☐ 131.	(h)(1)		Infant toys-separate/washed/sanitized daily
☐ 132.	(h)(1)		Toddler toys-washed/sanitized weekly
☐ 133.	(h)(2)		No toys/objects less than 1 ¼ " diameter
☐ 134.	(h)(2)		Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
☐ 135.	(i)(1)(2A-C)		Health consultant visits/documentation
☐ 136.			FEEDING
	☐	(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	☐	(k)(1)	Written feeding schedule from parent-updated
	☐	(k)(2)	Unused formula/milk discarded after feedings
	☐	(k)(3)	Clean bottles/disposable bottles/appvd washing
	☐	(k)(4)	Baby food served from dish or whole jar
	☐	(k)(5)	Bottles labeled with child's name
☐ 137.	(l)(1)		Outdoor spaced fenced–4 ft lic. after 1/1/25
☐ 138.	(l)(2)		Outdoor equipment-developmentally appropriate for ages of the children
☐ 139.	(l)(3)		Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety

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

☐ 140.	(b)		Approved Schl Age Endorsement
			SCHEDULE - ACTIVITIES
☐ 141.	☐	(c)	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	Greenknoll	LICENSE NUMBER	12730	DATE OF INSPECTION	12/24/24

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

☐ 147.	(b)	Approved Night Care Endorsement
☐ 148.	(b)(1)	Person in charge-head teacher
☐ 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
☐ 150.	(b)(3)	Written plan for supervision including cot placement and evacuation
☐ 151.	(b)(4)	Children in care no more than 12 hrs. in 24
☐ 152.	(b)(5)	Staff awake and available
☐ 153.		SLEEP PROVISIONS
	☐ (b)(6)	Individual cot/crib with bedding
	☐ (b)(6)(A)	Sleeping apparel/toiletries labeled
n/a	☐ (b)(6)(B)	Required bedding
	☐ (b)(6)(C)	Required toiletries
	☐ (b)(6)(D)	Bedding/sleeping apparel laundered weekly
	☐ (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

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

☑ 171.	(a)(1)	Written policies and procedures
☑ 172.		STAFF TRAINING
	☑ (b)(1)(A)	Staff training – first aid
	☑ (b)(1)(B) (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	☑ (b)(2)	Training updated at least every 3 years
	☑ (b)(3)	Written documentation of training
	☑ (c)(2)	Trained staff on site when child is present
☑ 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
☑ 174.	(d)(1)	Equipment provided by parents
☑ 175.	(d)(2)	Equipment labeled and inaccessible
☑ 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
☑ 177.	(e)(1)	Authorized prescriber written order
☑ 178.	(e)(2)	Written authorization from parent
☑ 179.	(e)(3)	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)	Written medication policies/procedures
☑ 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
☑ 159.		NONPRESC. TOPICAL MEDICATION
	☑ (a)(2)	Admin/Parent permission/report errors
	☑ (a)(3)(A-B)	Labeling and Storage
	☑ (a)(3)(C)	Unused/expired meds destroyed/returned
☑ 160.		MEDICATION TRAINING
	☑ (b)(1)(A/C)	Medication training-general-oral/top/inhalant
	☑ (b)(1)(D)	Injectable premeasured autoinjector medication
	☑ (b)(1)(E)	Rectal medication
	☑ (b)(1)(F)	Injectable other than premeasured auto-injector
	☑ (b)(2)(A-B)	Training approval documents/certificates
	☑ (b)(2)(C)	Training outline on file
☑ 161.	(b)(3)(A-B)	Authorized prescriber/parent permission
☑ 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
☑ 163.	(b)(4)(A-B)	Medication Administration Records (MAR)
☑ 164.	(b)(5)(A-B)	Labeling and Storage
☑ 165.	(b)(5)(C)	Emergency medication inaccessible
☑ 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
☑ 167.	(b)(5)(E)	Auto-injector/inhalant equipment
☑ 168.	(b)(6)	Self-administration documentation
☑ 169.	(b)(7)(A-B)	Petition for special medication authorization
☑ 170.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage N/A

ADDITIONAL VIOLATION

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

DISCUSSIONS - COMMENTS

Reviewed New regulations including policy updates; Consultant Agreements, Health and Safety training; Reference Checks.

items ✓ were either in compliance at visit or discussed.

SIGNATURE OF OEC STAFF	Jaime Fotin	Sean J	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Jaime FOTin	Sean Turner	PRINTED NAME

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**: oec.licensing@ct.gov

1/9/25

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 1/9/25

CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

November 2024

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Greenknoll License # 12730 Date: 12/26/24

Observations/Corrections needed:

Playground snow covered at visit and unable to determine if 8 inches impact material. Program aware they must be in compliance at all times

(5) ~~1 out of 2 annual policy review not documented~~ - located no violation

(40) 1 out of 2 care plans not signed by all staff responsible for care of children (Signed at visit)

(49) Menu's do not include 2 food groups daily

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: Jaime Foltz (OEC Representative)

Print Name: Jaime Foltz

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/9/25

Signature: [signature] (Person in Charge)

Print Name: 12/26/24