

<p>✓ 36. ✓ 37. ✓ 38. ✓ 39. ✓ 40. ✓ 41. ✓ 42. ✓ 43. ✓ 44. ✓ 45.</p>	<p>(a)(1)(A-C) ✓ (a)(1)(D)(i) ✓ (a)(1)(D)(ii) ✓ (a)(1)(D)(iii) ✓ (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)</p>	<p>Children's Enrollment information <u>PARENT PERMISSIONS</u> Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days</p>	<p>✓ 72. ✓ 73. ✓ 74. ✓ 75. ✓ 76. ✓ 77. ✓ 78. ✓ 79. ✓ 80. ✓ 81. ✓ 82.</p>	<p>(d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) (d)(8) (d)(8) (d)(9) (d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(D) (d)(10)(E) (d)(10)(E) (d)(10)(F) (d)(10)(G) (d)(10)(H) (d)(11) (e)(1) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7) (e)(8) (e)(9) (e)(9) (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)</p>	<p>Walkways maintained Windows protected to prevent falls Window screens (Schl age only- N/A) Glass and mirrors protected to 36" Overhead doors-locking devices, spring protectors N/A Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) <u>TOILETING</u> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 schl age only Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes N/A) Staff personal articles inaccessible ✕ <u>AIR TEMPERATURE</u> (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) (e)(1) Air temp <65°F comfortable (Schl age only-N/A) (e)(2) Air temp > 80 °F - ↑ fluids/ventilation (e)(3) Water temperature 60 °F - 120 °F (e)(4) Portable space heaters prohibited (e)(5) Walls/ceilings/floors/rugs-clean/good repair (e)(5) Rugs- not tripping/slipping hazard (e)(6) Hot water/Steam pipes protected (e)(7) Working phone on each level (e)(7) Emergency numbers posted-adjacent to phones (e)(7) Parents provided direct on site phone number <u>LIGHTING</u> (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 (e)(10) Potentially hazardous substances, materials - labeled, inaccessible (e)(11) Garbage/rubbish-disposed of daily, containers 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: .7 N/A Results posted-Date: 4/11/19 (Schls-N/A) (e)(18) Carbon monoxide detector-each level N/A (f)(1)(A) Program space-adequate-35 sq. ft. per child (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) (g)(3) Air conditioners, water heaters, fuse boxes inaccessible (g)(4) Developmentally app equipment, materials</p>
<p>✓ 46. ✓ 47. ✓ 48. ✓ 49. ✓ 50. ✓ 51. ✓ 52. ✓ 53. ✓ 54. ✓ 55. ✓ 56. ✓ 57. ✓ 58. ✓ 59. ✓ 60. ✓ 61.</p>	<p>(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1) (b)(2) ✓ (c) ✓ (c) ✓ (d)</p>	<p>Preparation, transportation of food-follow DPH Model Food Code <u>N/A</u> Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection <u>N/A</u> Kitchen-clean, safe storage of food/supplies Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (Schl age only N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <u>FIRST AID KITS</u>-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <u>FIRST AID SUPPLIES</u>-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <u>FIRST AID SUPPLIES</u>-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags</p>	<p>✓ 83. ✓ 84. ✓ 85. ✓ 86. ✓ 87. ✓ 88. ✓ 89. ✓ 90. ✓ 91. ✓ 92. ✓ 93. ✓ 94.</p>	<p>(d)(11) (e)(1) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7) (e)(8) (e)(9) (e)(9) (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)</p>	<p><u>PHYSICAL PLANT</u> (b)(2) Designated isolation area ✓ (c) <u>FIRST AID KITS</u>-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips ✓ (c) <u>FIRST AID SUPPLIES</u>-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier ✓ (d) <u>FIRST AID SUPPLIES</u>-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags</p>
<p>✓ 62. ✓ 63. ✓ 64. ✓ 65. ✓ 66. ✓ 67. ✓ 68. ✓ 69. ✓ 70. ✓ 71.</p>	<p>(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) (c)(5)(A) ✕ ✓ (c)(5)(B) ✓ (c)(5)(C) ✓ (c)(6)(A) ✓ (c)(6)(B-D) (d)(1)</p>	<p>Fire marshal codes/certificate <u>9114124</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program established Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) Testing of premises/grounds for chemicals <u>WATER SUPPLY</u> - Public/Well (Schools-N/A) Lead Water Test - Date: <u>8/31/23</u> Bact./Chem Test-Date: <u>N/A</u> Drinking water available/accessible <u>LEAD PAINT</u> - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78-<u>Y/N</u> Lead Test-<u>Y/N</u> Results <u>management plan</u> Lead Management Plan <u>monitored monthly</u> Emergency vehicle access</p>	<p>✓ 95. ✓ 96. ✓ 97. ✓ 98. ✓ 99. ✓ 100. ✓ 101. ✓ 102. ✓ 103. ✓ 104. ✓ 105. ✓ 106. ✓ 107.</p>	<p>(e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)</p>	

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCING
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
	<input checked="" type="checkbox"/> (i)	WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A

<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	
	<input type="checkbox"/> (f)(2)	
	<input type="checkbox"/> (f)(3)	
	<input type="checkbox"/> (f)(4)	
<input type="checkbox"/> 130.	<input type="checkbox"/> (g)(1)	
	<input type="checkbox"/> (g)(1)	
	<input type="checkbox"/> (g)(1)	
	<input type="checkbox"/> (g)(2)	
	<input type="checkbox"/> (g)(3)	
	<input type="checkbox"/> (g)(4)	
	<input type="checkbox"/> (g)(5)	
	<input type="checkbox"/> (g)(6)	
	<input type="checkbox"/> (g)(7)	
	<input type="checkbox"/> (g)(8)	
<input type="checkbox"/> 131.	(h)(1)	
<input type="checkbox"/> 132.	(h)(1)	
<input type="checkbox"/> 133.	(h)(2)	
<input type="checkbox"/> 134.	(h)(2)	
<input type="checkbox"/> 135.	(i)(1)(2A-C)	
<input type="checkbox"/> 136.		
	<input type="checkbox"/> (j)	
	<input type="checkbox"/> (k)(1)	
	<input type="checkbox"/> (k)(2)	
	<input type="checkbox"/> (k)(3)	
	<input type="checkbox"/> (k)(4)	
	<input type="checkbox"/> (k)(5)	
<input type="checkbox"/> 137.	(l)(1)	
<input type="checkbox"/> 138.	(l)(2)	
<input type="checkbox"/> 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-79-3a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 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

UNDER THREE ENDORSEMENT 19a-79-10

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

SCHOOL AGE ENDORSEMENT 19a-79-11

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

Village Green Nursery School

15325

4.6.25

- 147. (b)
- 148. (b)(1)
- 149. (b)(2)
- 150. (b)(3)
- 151. (b)(4)
- 152. (b)(5)
- 153. (b)(6)
- (b)(6)(A)
- (b)(6)(B)
- (b)(6)(C)
- (b)(6)(D)
- (b)(7)
- 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

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

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-19d, 19e

- 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

* items new regulation
 -consultant contracts to be updated.
 -policies to be updated within one year.
 -updated complaint procedure provided.

INSPECTOR
 Betty Mayer

DATE
 Betty Mayer

INSPECTOR
 Marcella Jackson

DATE
 Marcella Jackson

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

Inspection shall be posted or available to:
 Written Corrective Action Plan
 Due by: 1/20/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Village Green Nursery School License # 15325 Date: 1.6.25

Observations/Corrections needed:

Program not in compliance when...

#35(i) social service consultant contract not observed.

#161 medication authorization for one child with albuterol incomplete.

#166 observed one expired inhaler on site. Expired 12/24.

Discussed ① Medication authorization training certificates to be updated.

② Health and safety training to be completed by April 2025.

③ Lead water test due August 2025. Two samples now required.

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: Betty Mayer (OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Marcella Jackson (Person in Charge)

OEC BY: 1/20/25

Print Name: Marcella Jackson