

CHILD CARE CENTER AND GROUP CHILD CARE HOME
INSPECTION FORM

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

Facility Name:	Our Lady of Grace Day Care Center	Inspection Date:	1.7.25	Inspection Time:	8:45am
Address:	635 Colenbrook Rd	Zip Code:	12442	Phone Number:	4.30.25
Town:	Stamford	Telephone Number:	203.348.5531	Hours of Operation:	Open
Operator:	Little Wks of Sacred Hearts of Jesus + Mary Stmfd	# of Staff Present:	18	# over 3 Present:	104
Operator Email:	sagesuma@aol.com	Total Capacity:	134	Total Under 3 capacity:	0
Inspected By:	Sister besuma	Hours of Operation:	M-F 7:30am-5:30pm		

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

LICENSURE REQUIREMENTS 19a-29a

1. (c)(8) Local Health Inspection-Date: 12.21.23

ADMINISTRATION 19b-29a

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

STAFFING and COMPLIANCE 19c-29a

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

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) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	0	0	✓
Dietitian	✓	✓	✓

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RECORD KEEPING 19a-79-78	PHYSICAL PLANT 19a-79-78 cont.
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission <input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records <input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records <input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury <input checked="" type="checkbox"/> 44. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 45. (a)(3)(D) Notify DPH, local health-reportable diseases <input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days	<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 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) <input checked="" type="checkbox"/> (d)(11) Staff personal articles inaccessible 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) <input checked="" type="checkbox"/> (e)(3) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> (e)(4) Water temperature 60 °F - 120 °F <input checked="" type="checkbox"/> (e)(5) Portable space heaters prohibited <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> (e)(6) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> (e)(7) Hot water/Steam pipes protected <input checked="" type="checkbox"/> (e)(7) Working phone on each level <input checked="" type="checkbox"/> (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> (e)(7) Parents provided direct on site phone number LIGHTING <input checked="" type="checkbox"/> (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-mapping children-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Schl age only-lighting for comfort <input checked="" type="checkbox"/> (e)(10) 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>1.7</u> N/A <input checked="" type="checkbox"/> (e)(17) Results posted-Date: <u>1.12.15</u> (Schls-N/A) <input checked="" type="checkbox"/> (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> (g)(3) Air conditioners, water heaters, fuse boxes inaccessible <input checked="" type="checkbox"/> (g)(4) Developmentally app equipment, materials

HEALTH and SAFETY 19a-79-62	PHYSICAL PLANT 19a-79-7a
<input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection (N/A) <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 61. (d) FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. (d)(11) <input checked="" type="checkbox"/> 84. (d)(11) <input checked="" type="checkbox"/> 85. (e)(1) <input checked="" type="checkbox"/> 86. (e)(3) <input checked="" type="checkbox"/> 87. (e)(4) <input checked="" type="checkbox"/> 88. (e)(5) <input checked="" type="checkbox"/> 89. (e)(5) <input checked="" type="checkbox"/> 90. (e)(6) <input checked="" type="checkbox"/> 91. (e)(7) <input checked="" type="checkbox"/> 92. (e)(7) <input checked="" type="checkbox"/> 93. (e)(7) <input checked="" type="checkbox"/> 94. (e)(7) <input checked="" type="checkbox"/> 95. (e)(10) <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)

PHYSICAL PLANT 19a-79-7a	PHYSICAL PLANT 19a-79-7a
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>8-30-24</u> <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test - Date: <u>9.6.22</u> <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: (N/A) <input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible LEAD PAINT - <input checked="" type="checkbox"/> (c)(6)(A) Peeling Paint - Y/N Inside/Outside <input checked="" type="checkbox"/> (c)(6)(B-D) Building Pre-78 Y/N Lead Test: Y/N Results: <u>Abatement</u> Lead Management Plan: <u>none</u> <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. (e)(10) <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)

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PHYSICAL PLANT 19a-79-10 cont.

<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-
<input checked="" type="checkbox"/>	112.		equip/fences/structures not hazardous
		<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCING
			Playground protected from traffic, water, gullies or other hazards
<input type="checkbox"/>	113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input 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
		<input checked="" type="checkbox"/> (i)	WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
		<input checked="" type="checkbox"/> (j)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input type="checkbox"/>	129.	(f)(1)	LINENS/CLOTHING
		(f)(2)	
		(f)(3)	
		(f)(4)	
	130.	(g)(1)	SAFE SLEEP
		(g)(1)	
		(g)(1)	
		(g)(2)	
		(g)(3)	
		(g)(4)	
		(g)(5)	
		(g)(6)	
	131.	(h)(1)	FEEDING
	132.	(h)(1)	
	133.	(h)(2)	
	134.	(h)(2)	
	135.	(i)(1)(2A-C)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	136.	(j)	
		(k)(1)	
		(k)(2)	
		(k)(3)	
		(k)(4)	Written feeding schedule from parent-updated
		(k)(5)	
		(k)(5)	
	137.	(l)(1)	Unused formula/milk discarded after feedings
	138.	(l)(2)	
	139.	(l)(3)	

EDUCATIONAL REQUIREMENTS 19a-79-10

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

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NIGHT CARE ENDORSEMENT 19a-7-12 (Approved) <input checked="" type="checkbox"/>		MONITORING OF DIABETES 19a-7-13 <input checked="" type="checkbox"/>	
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING
<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)	Staff training - first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153. SLEEP PROVISIONS		<input checked="" type="checkbox"/> (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken - documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-7-9a ADDITIONAL VIOLATION

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

<input checked="" type="checkbox"/> 159. (a)(2)	Admin/Parent permission/report errors	DISCUSSIONS - COMMENTS	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage	Regulation not met when ...	
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned	35 (r)(2) (A-H) - Education and health contract not complete with services required.	
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	MEDICATION TRAINING	35 (F) - social service consultant completion of annual renewals expired	
<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant	69 (c)(5) (A) - Lead water test expired 9.6.24 (Send copy)	
<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication	113 (h)(7) (B) - fence near pooling area of water very large does not have working self latch or lock.	
<input checked="" type="checkbox"/> (b)(1)(F)	Rectal medication	Discussed	
<input checked="" type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector	- All new regulations	
<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates	- Supervisor review if lock is needed on outdoor fence as a result of pooling water area several feet wide.	
<input checked="" type="checkbox"/> (b)(3)(A-B)	Training outline on file		
<input checked="" type="checkbox"/> 161. (b)(3)(D)	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 <i>(N/A)</i>		

SIGNATURE OF OEC STAFF <i>Lon Mangano</i>	SIGNATURE OF PERSON IN CHARGE <i>Sister Gesuina Gencarelli</i>
PRINTED NAME <i>Lon Mangano</i>	PRINTED NAME <i>Sister Gesuina Gencarelli</i>

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: *1-21-25*

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