

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

First Church of Christ Preschool
250 Main St
Meridenfield, CT 06109
First Church of Christ
Lisa@christchurch.org
Lisa Renciaroli

1/7/25
13969
80529 1575

10:10am
4/30/25
closed

of Staff Present: 8
Total Capacity: 87
over 3 Present: 44
Total Under 3 capacity: 0
under 3 Present: 0
Ages Served: 3yrs-5yrs

M-F 845am-330pm

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

ENSURE PROCEDURES 19a-79-2a **STAFFING and CONSULTANTS 19a-79-3a**

(c)(8)	Local Health Inspection-Date: 1/7/25	19. <input checked="" type="checkbox"/> 20. <input checked="" type="checkbox"/> 21. <input checked="" type="checkbox"/> 22. <input checked="" type="checkbox"/> 23. <input checked="" type="checkbox"/> 24. <input checked="" type="checkbox"/> 25. <input checked="" type="checkbox"/> 26. <input checked="" type="checkbox"/> 27. <input checked="" type="checkbox"/>	(a)(1) <input checked="" type="checkbox"/> (a)(3) <input checked="" type="checkbox"/> (b) <input checked="" type="checkbox"/> (b)(4) <input checked="" type="checkbox"/> (d) <input checked="" type="checkbox"/> (d)(1) <input checked="" type="checkbox"/> (d)(2) <input checked="" type="checkbox"/> (d)(3)(A-C) <input checked="" type="checkbox"/> (d)(4)(A) <input checked="" type="checkbox"/> (d)(4)(B) <input checked="" type="checkbox"/> (d)(6) <input checked="" type="checkbox"/> (d)(4)(D) <input checked="" type="checkbox"/> (d)(5) <input checked="" type="checkbox"/> (d)(5)(A) <input checked="" type="checkbox"/> (d)(5)(B) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (f)(1) <input checked="" type="checkbox"/> (f)(2) <input checked="" type="checkbox"/>	Staff health records Disciplinary actions Comprehensive Background Checks Evidence of compliance Adequate staffing Designated head teacher-approved-60% 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 trips/outdoors 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 - Y/N Swimming-Ratios Non-swimmers identified CPR certified staff-age 20 or older Lifeguard-certified-supervising
MINISTRATION 19a-79-3a		28. <input checked="" type="checkbox"/> 29. <input checked="" type="checkbox"/> 30. <input checked="" type="checkbox"/> 31. <input checked="" type="checkbox"/> 32. <input checked="" type="checkbox"/> 33. <input checked="" type="checkbox"/> 34. <input checked="" type="checkbox"/> 35. <input checked="" type="checkbox"/>	(a)(2) <input checked="" type="checkbox"/> (a)(1)(2) <input checked="" type="checkbox"/> (b)(1)(2) <input checked="" type="checkbox"/> (4)(C)(ii-v) <input checked="" type="checkbox"/> (4)(C)(i) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> (i)(1)(A)-(D) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)(2)(A-H) <input checked="" type="checkbox"/> (F) <input checked="" type="checkbox"/> (i)(2) <input checked="" type="checkbox"/> (H)(i)-(I)(i) <input checked="" type="checkbox"/>	CONSULTANTS Consultants-Education, Health, Social Service, Dietitian (N/A) Consultant agreements-signed annually Agreements complete w/required services Consultant logs-documented activities, observations and required services Consultant visits- Education/Health
(a) Ensuring health & safety of children (b) Overall management of program (b)(6) Employee orientation for new program staff (b)(6) Annual policy training for program staff (b)(7)(A) Child behavior management (b)(7)(B) Documentation that parents were informed of behavior management techniques (b)(7)(C) Child Protection (b)(7)(E) Mandated Reporting (c)(1-4) Notification of Change 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 (d)(1) Daily attendance-children/staff- keep 1 yr. ACCESS (f) Immediate access by parents (h) Immediate access by OEC-facility/records (l) 2.8 yr olds enrolled in preschool-authorization (m) Motor vehicle laws-transportation (n) Capacity (o) Respond to OEC-no false, misleading statements or documents 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	Contracts Logs Visits			

RECORD KEEPING 19a-79-5

36.	(a)(1)(A-C)	Children's Enrollment information
37.	<input checked="" type="checkbox"/> (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
38.	(a)(2)(A-B)	Transportation permission
39.	(a)(2)(C)	Child Health Records
40.	(a)(2)(E)	Immunization records
41.	(a)(3)(A)	Individual care plan-signed by parents/staff
42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports
43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury
44.	(a)(3)(D)	Notify OEC of serious injuries, fatality
45.	(a)(4)	Notify DPH, local health-reportable diseases
		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 N/A
<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)
(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 phones
<input checked="" type="checkbox"/> (e)(8)		Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)		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
(e)(10)		Schl age only-lighting for comfort
(e)(11)		Light fixtures shielded/shatter proof
(e)(12)		Potentially hazardous substances, materials - labeled, inaccessible
(e)(13)		Garbage/rubbish-disposed of daily, containers in good repair
(e)(14-15)		Stairs-protected/good repair-handrails
(e)(16)		Toxic plants/materials inaccessible
(e)(17)		Pets or other animals-in good health, written care plan including access to children
(e)(18)		Prevention of vermin-openings screened
(f)(1)(A)		Radon test- Results: <u>2.6</u> N/A
(g)(1)		Results posted-Date: <u>4/7/19</u> (Schls-N/A)
(g)(2)		Carbon monoxide detector-each level N/A
(g)(3)		Program space-adequate-35 sq. ft. per child
(g)(4)		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse boxes inaccessible
		Developmentally app equipment, materials

ALTH and SAFETY 19a-79-6a

6.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
7.	(a)(2)	Nutritious meals and snacks
8.	(a)(3)	Proper refrigeration-41 degrees
9.	(a)(4)	Menus-1 wk in advance- keep 3 mths
10.	(a)(5)	Food Service Inspection (N/A)
11.	(a)(6)	Kitchen-clean, safe storage of food/supplies
12.	(a)(7)	Separate hand washing facilities
13.	(a)(8)	Multi-use eating/drinking utensils
14.	(a)(9)	Kitchen separated (Schl age only N/A)
15.	(a)(10)	Children supervised during meal prep
16.	(a)(11)	Handwashing-staff/children
17.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
18.	(b)(2)	Designated isolation area
19.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
20.	<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
21.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

62.	(a)(2)	Fire marshal codes/certificate <u>3/29/24</u>
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.	<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>9/13/22</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ N/A
70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT
		Peeling Paint - Y/N Inside/Outside
		Building Pre-78: Y/N Lead Test: Y/N
		Results _____
		Lead Management Plan _____
71.	(d)(1)	Emergency vehicle access

INSPECTION FORM - PART 2

PROGRAM NAME: First Church of Christ

PHYSICAL PLANT 19a-79-7a cont.

LICENSING NUMBER: 13969

DATE: 1/7/25

UNDER THREE ENDORSEMENT 19a-79-10 Y6

108. (g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared
109. (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input type="checkbox"/> 130.	<input type="checkbox"/> (f)(2)	
110. (j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (f)(3)	
111. (h)(1)	OUTDOOR SPACE		<input type="checkbox"/> (f)(4)	
(h)(2)	Adequate space- 75 sq. ft. per child		<input type="checkbox"/> (g)(1)	
(h)(3)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (g)(1)	
(h)(4)	Playground free from hazards		<input type="checkbox"/> (g)(2)	
(h)(5)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (g)(3)	
(h)(6)	Outside equipment anchored-anchors buried		<input type="checkbox"/> (g)(4)	
(h)(8)	New equip- cert playg. Inspection upon request		<input type="checkbox"/> (g)(5)	
(h)(9)	Drinking water available/accessible		<input type="checkbox"/> (g)(6)	
(h)(7)	Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (g)(7)	
(h)(7)(A)	OUTDOOR PROTECTED/FENCING		<input type="checkbox"/> (g)(8)	
(h)(7)(B)	Playground protected from traffic, water, gullies or other hazards	<input type="checkbox"/> 131.	(h)(1)	
(h)(7)(C)	Fences installed to protect from hazards-4 ft, self closing and self latching devices or locks	<input type="checkbox"/> 132.	(h)(1)	
(i)	Rooftop play areas-6 ft. wall/barrier	<input type="checkbox"/> 133.	(h)(2)	
(i)	WATER HAZARDS	<input type="checkbox"/> 134.	(h)(2)	
(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61	<input type="checkbox"/> 135.	(i)(1)(2A-C)	
(i)	Wading pools prohibited	<input type="checkbox"/> 136.	(j)	
(i)	Hot tubs/spas/saunas-locked/inaccessible		(k)(1)	
(i)			(k)(2)	
(i)			(k)(3)	
(i)			(k)(4)	
(i)			(k)(5)	
(i)		<input type="checkbox"/> 137.	(l)(1)	
(i)		<input type="checkbox"/> 138.	(l)(2)	
(i)		<input type="checkbox"/> 139.	(l)(3)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

5. (a)	Written daily/weekly educational plan-developmentally appropriate		
(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		

SCHOOL AGE ENDORSEMENT 19a-79-11 Y6

17. (b)	Approved Under 3 Endorsement	<input type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%
(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input type="checkbox"/> 141.	(c)	
(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input type="checkbox"/> 142.	(c)(1)	
(c)(4)	Physical barriers- indoors/outdoors		(c)(2)	
(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		(c)(3)	
(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input type="checkbox"/> 143.	(d)	
(d)(2)(B)	Washable cots	<input type="checkbox"/> 144.	(e)	
(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input type="checkbox"/> 145.	(f)	
(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input type="checkbox"/> 146.	(g)	
(d)(2)(E)	Refrigerator and food prep facilities			
(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
(e)(1)	DIAPERING			
(e)(2)	Diaper area: elevated/sturdy/safety rail			
(e)(3)	Diaper area: used only for this purpose, located in the program area			
(e)(4)	Diaper area: non-porous surface/good repair			
(e)(5)	Diaper area: washed/disinfected after use			
(e)(6)(9)	Diaper area: disposable paper sheets			
(e)(7)	Covered waste receptacle-removed daily			
(e)(8)	Handwashing-staff/children			
(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed			
(e)(10)(A-C)	Cloth diapers-written plan developed			

First Church of Christ

13969

DATE OF INSPECTION: 1/7/25

- APPROVED NIGHT CARE ENDORSEMENT** 12 (10pm-5am) Y/N
- 147. (b)
 - 148. (b)(1)
 - 149. (b)(2)
 - 150. (b)(3)
 - 51. (b)(4)
 - 52. (b)(5)
 - 53. (b)(6)
 - (b)(6)(A)
 - (b)(6)(B)
 - (b)(6)(C)
 - (b)(6)(D)
 - (b)(7)
 - (b)(8)
 - (b)(9)
 - (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-79-9a Y/N

- 7. (9a)
- 8. (9a)
- 9. (a)(2)
- (a)(3)(A-B)
- (a)(3)(C)
- 50. (b)(1)(A/C)
- (b)(1)(D)
- (b)(1)(E)
- (b)(1)(F)
- (b)(2)(A-B)
- (b)(2)(C)
- 61. (b)(3)(A-B)
- 62. (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

ADDITIONAL VIOLATION

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

DISCUSSIONS - COMMENTS

- All items on checklist. New regs
 - Education Consultant visit 1x year
 - Bottles labeled with dilutions
 - Health and safety training for all staff.
 - LH inspection due to expire 1/17/25 to obtain new one

SIGNATURE OF OEC STAFF
 [Signature: K Kellerman]
PRINTED NAME
 K Kellerman

SIGNATURE OF PERSON IN CHARGE
 [Signature: Lisa Roncaoli]
PRINTED NAME
 Lisa Roncaoli

REGISTRATION DIVISION OF LICENSING
 50 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 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/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: first church of christ License # 13969 Date: 1/7/25

Observations/Corrections needed:

Regulations not in compliance when observed

#11(d)(2)(A), (d)(4)(B), (d)(6)(c) - policies/procedures completed with new regulations.

#19 - 1 staff health record not available / up to date

#35(w)(2)(A-H) All consultant agreements not completed with new regulations

#40 - 2 care plans not signed by staff in 2 day / 3s

#66 - Dusty vents in bathrooms in 4s and 4s / 5 day
dripped water stains in hallway.

#69 - Lead water test not up to date. Send copy to agency

#95 - unlocked, accessible chemicals/cleaners in 2 day / 3s

#115 - written plan not completed with new regulations

#116(a)(1-11) - educational requirements not current with new regulations.

#164 - Benedryl not on site per care plan order by DR for 1 child. in 2 day / 3s

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]
(OEC Representative) Kellerman

Signature: [Signature]
(Person in Charge) Lisa Roncaoli

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/21/25