



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



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:	St. Therese Nursery School	Date of Inspection:	1/9/25	Time of Arrival:	8:12am
Address:	555 Middletown Ave	License Number:	Pending	Expiration Date:	Pending
Town:	North Haven 06473	Telephone Number:	203-234-9971	Summer Care:	Closed
Operator:	Saint Elizabeth of the Trinity Parish Corporation	# of Staff Present:	8	# over 3 Present:	37
Email:	stns@etrinityparish.org	Total Capacity:	52	Total Under 3 capacity:	0
Designated Director:	Michelle A. Lucibello	Hours/Days of Operation:	9:00am - 3:00pm M-F		

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 STAFFING and CONSULTANTS 19a-79-4a cont.

1. (c)(8) Local Health Inspection-Date: 1/3/25

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) 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

- 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
 - 29. (e)(1) Designated director-training
 - 30. (f)(1) CPR certified program staff
 - 31. (f)(2) First aid certified program staff
 - 32. PROFESSIONAL DEVELOPMENT
 - (a)(2) Documentation
 - (h)(1)(2) Health & Safety training
 - (h)(1)(2) 1% annual hours
 - 33. 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
 - 34. 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
 - 35. (H)(i)-(I)(i)
- | | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education | ✓ | - | - |
| Health | ✓ | - | - |
| Soc. Serv. | ✓ | - | - |
| Dietitian | ✓ | ✓ | ✓ |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME		St. Therese Nursery school		LICENSE NUMBER	Pending	DATE OF INSPECTION	11/9/25
RECORD KEEPING 19a-79-5				PHYSICAL PLANT 19a-79-7a cont.			
36.	(a)(1)(A-C)	Children's Enrollment information		72.	(d)(2)	Walkways maintained	
37.	(a)(1)(D)(i)	PARENT PERMISSIONS		73.	(d)(3)	Windows protected to prevent falls	
	(a)(1)(D)(ii)	Emergency medical permission		74.	(d)(3)	Window screens (Schl age only- N/A)	
	(a)(1)(D)(iii)	Authorized release permission		75.	(d)(4)	Glass and mirrors protected to 36"	
	(a)(1)(D)(iv)	Field trip permission		76.	(d)(5)	Overhead doors-locking devices, spring protectors	N/A
38.	(a)(2)(A-B)	Child Health Records		77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed	
39.	(a)(2)(C)	Immunization records		78.	(d)(7)	Individual storage of clothing/bedding	
40.	(a)(2)(E)	Individual care plan-signed by parents/staff		79.	(d)(8)	Smoking or vaping prohibited on premises/grounds	
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		80.	(d)(8)	Matches/lighters inaccessible	
42.	(a)(3)(B)	Parent notification of illness or injury		81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)	
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		82.		TOILETING	
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases				Shared toilets/sinks-supervision plan	
45.	(a)(4)	Video recordings- keep 30 days				Toileting needs met	
HEALTH and SAFETY 19a-79-6a						Potty chairs-nonporous, emptied, disinfected	
46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code <u>N/A</u>				Required toilets/sinks-1:16	
47.	(a)(2)	Nutritious meals and snacks				Required toilets/sinks-1:25 schl age only	
48.	(a)(3)	Proper refrigeration-41 degrees				Toileting Supplies-Hand drying-Garbage	
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths				Handwashing staff/children	
50.	(a)(5)	Food Service Inspection <u>N/A</u>				Toilets/sinks located-at the facility or licensed premises	
51.	(a)(6)	Kitchen-clean, safe storage of food/supplies				Well lighted/ventilated toilet rooms	
52.	(a)(7)	Separate hand washing facilities		83.	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)	
53.	(a)(8)	Multi-use eating/drinking utensils		84.	(d)(11)	Staff personal articles inaccessible	
54.	(a)(9)	Kitchen separated (Schl age only N/A)				AIR TEMPERATURE	
55.	(a)(10)	Children supervised during meal prep		85.	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)	
56.	(a)(11)	Handwashing-staff/children				Air temp <65°F comfortable (Schl age only-N/A)	
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms		86.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation	
58.	(b)(2)	Designated isolation area		87.	(e)(3)	Water temperature 60 °F - 120 °F	
59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips		88.	(e)(4)	Portable space heaters prohibited	
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		89.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair	
61.	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags		90.	(e)(6)	Rugs- not tripping/slipping hazard	
				91.	(e)(7)	Hot water/Steam pipes protected	
				92.	(e)(7)	Working phone on each level	
				93.	(e)(7)	Emergency numbers posted-adjacent to phones	
				94.	(e)(7)	Parents provided direct on site phone number	
						LIGHTING	
						All areas min. 1 foot candle of lighting	
						Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible	
						Schl age only-lighting for comfort	
						Light fixtures shielded/shatter proof	
						Potentially hazardous substances, materials - labeled, inaccessible	
						Garbage/rubbish-disposed of daily, containers in good repair	
						Stairs-protected/good repair-handrails	
						Toxic plants/materials inaccessible	
						Pets or other animals-in good health, written care plan including access to children	
						Prevention of vermin-openings screened	
						Radon test- Results: <u>9</u> N/A	
						Results posted-Date: <u>12/14/24</u> (Schls-N/A)	
						Carbon monoxide detector-each level N/A	
						Program space-adequate-35 sq. ft. per child	
						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	
PHYSICAL PLANT 19a-79-7a							
62.	(a)(2)	Fire marshal codes/certificate <u>12/16/24</u>		95.	(e)(10)		
63.	(b)	Indoor/Outdoor space inspected/approved					
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion		96.	(e)(11)		
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission		97.	(e)(12)		
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established		98.	(e)(13)		
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)		99.	(e)(14-15)		
68.	(c)(4)	Testing of premises/grounds for chemicals		100.	(e)(16)		
69.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)		101.	(e)(17)		
	(c)(5)(B)	Lead Water Test - Date: <u>12/18/24</u>		102.	(e)(18)		
	(c)(5)(C)	Bact./Chem Test-Date: <u>N/A</u>		103.	(f)(1)(A)		
70.	(c)(6)(A)	Drinking water available/accessible		104.	(g)(1)		
	(c)(6)(A)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside		105.	(g)(2)		
	(c)(6)(B-D)	Building Pre-78: Y/N Lead Test: Y/N Results <u>-</u>		106.	(g)(3)		
		Lead Management Plan <u>-</u>		107.	(g)(4)		
71.	(d)(1)	Emergency vehicle access					

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

PROGRAM NAME St. Therese Nursery School **LICENSE NUMBER** Pending **DATE OF INSPECTION** 1/9/25

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 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.		<u>OUTDOOR SPACE</u>
<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 play. 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.		<u>OUTDOOR PROTECTED/FENCING</u>
<input checked="" type="checkbox"/>	(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	(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.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier <u>N/A</u>
<input checked="" type="checkbox"/>	(i)	<u>WATER HAZARDS</u>
<input checked="" type="checkbox"/>	(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <u>N/A</u>
<input checked="" type="checkbox"/>	(i)	Wading pools prohibited <u>N/A</u>
<input checked="" type="checkbox"/>	(i)	Hot tubs/spas/saunas-locked/inaccessible <u>N/A</u>

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

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
<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 type="checkbox"/> 137.	(l)(1)	
<input type="checkbox"/> 138.	(l)(2)	
<input type="checkbox"/> 139.	(l)(3)	

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

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

<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)(Ai-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.		<u>DIAPERING</u>
<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

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c)	<u>SCHEDULE - ACTIVITIES</u>
<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
<input type="checkbox"/>	(d)	Ratio- 1:15
<input type="checkbox"/>	(e)	Group size- max. 30
<input type="checkbox"/>	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	(g)	Head teacher approved- 60%

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME St. Therese Nursery School **LICENSE NUMBER** Pending **DATE OF INSPECTION** 1/9/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N Y **MONITORING OF DIABETES 19a-79-13 Y/N** Y

<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)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (i)-(iii)	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)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153.	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (c)(3)	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)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	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)(1)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(2)	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-79-9a Y/N Y **ADDITIONAL VIOLATION**

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

DISCUSSIONS - COMMENTS

. total toilets 6 sinks 10
. staff bathroom 1 w/ 2 toilets 3 sinks
Approvals: Local Health ✓
Fire Marshal ✓ Zoning ✓
Building ✓
overall capacity 52

Jaime DeFelix Jaime DeFelice

SIGNATURE OF OEC STAFF	<u>fil Montanyc / Jen Schulz</u>	SIGNATURE OF PERSON IN CHARGE	<u>Nancy DeLuca</u>
PRINTED NAME	<u>fil Montanyc / Jen Schulz</u>	PRINTED NAME	<u>Nancy DeLuca</u>

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 for review upon request.
 Written Corrective Action Plan Due by: CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Therese Nursery School License # pending Date: 1-9-25

Observations/Corrections needed:

measurements:toilets - 6 sinks - 10 teacher use Toilets 2 sinks 3Classroom A

$$(22.2 \times 22.4) = 497.28 \div 35 = 14.20$$

room ok for 14Classroom B

$$(22.2 \times 22.6) = 501.72 \div 35 = 14.33$$

room ok for 14Classroom C

$$(21.9 \times 22.1) - (4 \times 10.8) = 483.99 - 43.2 = 440.79 \div 35 = 12.5$$

window/wall

room ok for 12classroom D

$$(19 \times 22.6) = 429.4 - (3 \times 2) = 6 = 423.4 \div 35 = 12.09$$

cabinet room ok for 12

mulch playground (58 \times 42.4) = 2459.2 \div 75 = 32.7 ok 32asphalt playground (39.3 \times 41.2) = 1619.16 - (19 \times 8.2) = 155.8 = 1463.36 \div 75 = 19.5 ok 19Capacity total = 52

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: Jennifer Schultz / Fil Montanye
(OEC Representative)Print Name: Jen Schultz / Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Nancy DeLuca
(Person in Charge)OEC BY: NAPrint Name: Nancy DeLucaJaime Defelice Jaime Defelice