

## 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: <u>Orange Congregational Church</u>	Date of Inspection: <u>1/8/25</u>	Time of Arrival: <u>9:05am</u>	
Address: <u>205 Meetinghouse Lane</u>	License Number: <u>12578</u>	Expiration Date: <u>5/31/25</u>	
Town: <u>Orange 06477</u>	Telephone Number: <u>203-298-4878</u>	Summer Care: <u>closed</u>	
Operator: <u>Orange Congregational Church</u>	# of Staff Present: <u>3</u>	# over 3 Present: <u>21</u>	# under 3 Present: <u>—</u>
Email: <u>occnsc@yahoo.com</u>	Total Capacity: <u>25</u>	Total Under 3 capacity: <u>0</u>	Ages Served: <u>3-5 yrs</u>
Designated Director: <u>Tracie McDermott</u>	Hours/Days of Operation: <u>9:00am-1:00pm</u>		

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: 9/5/24

### 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) 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 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
  - ✓ (d)(4)(D) Supervision-Indoors/Outdoors
- ✓ 28. (d)(5) GROUP SIZE
  - ✓ (d)(5)(A) Group Size-Indoors/Outdoors
  - ✓ (d)(5)(B) Group Size-school age field trips/outdoors
- ✓ 29. (e)(1) Mixed age group-group size
- ✓ 30. (f)(1) Designated director-training
- ✓ 31. (f)(2) 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. (4)(C)(ii-v) SWIMMING ACTIVITIES - Y/N
  - ✓ (4)(C)(i) Swimming-Ratios
  - ✓ (e)(6) Non-swimmers identified
  - ✓ (e)(6) CPR certified staff-age 20 or older
  - ✓ (e)(6) Lifeguard-certified-supervising
- ✓ 35. (i)(1)(A)-(D) CONSULTANTS
  - ✓ (i) Consultants-Education, Health, Social Service, Dietitian (N/A)
  - ✓ (i)(2)(A-H) Consultant agreements-signed annually
  - ✓ (F) Agreements complete w/required services
  - ✓ (i)(2) Consultant logs-documented activities, observations and required services
  - ✓ (H)(i)-(I)(i) Consultant visits- Education/Health

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

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

<b>PROGRAM NAME</b>	<u>Orange Congregational Church</u> <u>Nursery School</u>	<b>LICENSE NUMBER</b>	<u>12578</u>	<b>DATE OF INSPECTION</b>	<u>1/8/25</u>
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**RECORD KEEPING 19a-79-5** | **PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/>		(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>		(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(a)(1)(D)(i)	<b>PARENT PERMISSIONS</b>	<input checked="" type="checkbox"/>		(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/>	(a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/>		(d)(3)	Window screens (Schl age only- N/A)
	<input checked="" type="checkbox"/>	(a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/>		(d)(4)	Glass and mirrors protected to 36"
	<input checked="" type="checkbox"/>	(a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/>		(d)(5)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/>		(a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/>		(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>		(a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/>		(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>		(a)(2)(E)	Immunization records	<input checked="" type="checkbox"/>		(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>		(a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>		(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>		(a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/>		(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/>		(a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/>			<b>TOILETING</b>
<input checked="" type="checkbox"/>		(a)(3)(D)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>			Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		(a)(4)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/>			Toileting needs met
			Video recordings- keep 30 days	<input checked="" type="checkbox"/>			Potty chairs-nonporous, emptied, disinfected

**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/>		(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/>		(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>		(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>		(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		(a)(5)	Food Service Inspection <u>N/A</u>	<input checked="" type="checkbox"/>		(d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>		(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/>		(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>		(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>		(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>		(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>		(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>		(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		(e)(1)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>		(b)(2)	Designated isolation area	<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"/>		(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>		(e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>		(c)	<b>FIRST AID SUPPLIES</b> -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"/>		(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>		(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>		(e)(4)	Water temperature 60 °F – 120 °F

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/>		(a)(2)	Fire marshal codes/certificate <u>9/4/24</u>	<input checked="" type="checkbox"/>		(e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>		(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>		(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>		(e)(10)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>		(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>		(e)(11)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/>		(e)(12)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>		(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) <u>N/A</u>	<input checked="" type="checkbox"/>		(e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>		(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		(e)(14-15)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>		(c)(5)(A)	<b>WATER SUPPLY</b> – Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>		(e)(16)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>		(c)(5)(B)	Lead Water Test – Date: <u>8/26/24</u>	<input checked="" type="checkbox"/>		(e)(17)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>		(c)(5)(C)	Bact./Chem Test-Date: _____ N/A	<input checked="" type="checkbox"/>		(e)(18)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>		(c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/>		(f)(1)(A)	Radon test- Results: <u>1.3</u> N/A
<input checked="" type="checkbox"/>		(c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint – Y/N Inside/Outside Building Pre-78 Y/N Lead Test: Y/N Results <u>approved plan</u>	<input checked="" type="checkbox"/>		(g)(1)	Results posted-Date: <u>9/16/24</u> (Schls-N/A)
<input checked="" type="checkbox"/>		(d)(1)	Lead Management Plan <u>Bi-annual</u>	<input checked="" type="checkbox"/>		(g)(2)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>			Emergency vehicle access	<input checked="" type="checkbox"/>		(g)(3)	Program space-adequate-35 sq. ft. per child

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

<b>PROGRAM NAME</b>	Orange Congregational Church Nursery School	<b>LICENSE NUMBER</b>	12578	<b>DATE OF INSPECTION</b>	11/8/25
<b>PHYSICAL PLANT 19a-79-7a cont.</b>			<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>		

<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 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.		<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
<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
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible

<input type="checkbox"/>	129.	(f)(1)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/>		(f)(2)	
<input type="checkbox"/>		(f)(3)	
<input type="checkbox"/>		(f)(4)	
<input type="checkbox"/>	130.	(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)	<u>SAFE SLEEP</u> 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
<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.	(j)	
<input type="checkbox"/>		(k)(1)	<u>FEEDING</u> 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
<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)	

<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>			
<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

**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 type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/>	141.	(c)	<u>SCHEDULE - ACTIVITIES</u>
<input type="checkbox"/>	142.	(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
<input type="checkbox"/>		(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.	(g)	Head teacher approved- 60%

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

<b>PROGRAM NAME</b>	Orange Congregational Church	<b>LICENSE NUMBER</b>	12578	<b>DATE OF INSPECTION</b>	1/8/25
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<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>	Y/N	<b>MONITORING OF DIABETES 19a-79-13</b>	Y/N
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<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>STAFF TRAINING</b>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4) NA	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> (i)-(iii)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5) NA	Staff awake and available	<input type="checkbox"/> (b)(2)	Written documentation of training
<input type="checkbox"/> 153.	<b>SLEEP PROVISIONS</b>	<input type="checkbox"/> (b)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input type="checkbox"/> (c)(2)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 173. (c)(3)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 175. (d)(2)	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"/> 176. (d)(3)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 177. (e)(1)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 178. (e)(2)	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 checked="" type="checkbox"/> 179. (e)(3)	
<input type="checkbox"/> 156. (b)(10)	Local health approval		

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>	Y/N	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. - NA	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		N/A

<input checked="" type="checkbox"/> 159.	<b>NONPRESC. TOPICAL MEDICATION</b>	<b>DISCUSSIONS - COMMENTS</b>
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<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors	<p>Items checked off were either observed to be in compliance or discussed</p> <ul style="list-style-type: none"> <li>Discussed new Regs</li> <li>- new duties for health+ Ed consultants</li> <li>- new logs for health+ Ed consultants</li> <li>- new policies to reflect new regs</li> <li>- all staff to have health+ safety training by 4/1/25</li> <li>- all new staff within 3 months of employment</li> <li>- approved lead management plan needs to be conducted bi-annually</li> </ul>
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage	
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned	
<input checked="" type="checkbox"/> 160.	<b>MEDICATION TRAINING</b>	
<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant	
<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication	
<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication	
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector	
<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates	
<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file	
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	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	

<b>SIGNATURE OF OEC STAFF</b>	<i>[Signature]</i>	<b>SIGNATURE OF PERSON IN CHARGE</b>	<i>[Signature]</i>
<b>PRINTED NAME</b>	Fl Montanye	<b>PRINTED NAME</b>	Tracee McDermott

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: 1/22/25  
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Orange Congregational Church License # 12578 Date: 1/8/25  
Nutsey School

Observations/Corrections needed:

Discussions continued:

- new complaint procedure located on OEC website

violations: Program is not in compliance with:

- #38 when 1 child physical was observed to be expired (exam date of 12/7/23) and one not observed on site.
- #39 when 1 child did not have documentation of flu shot and 1 child without documentation of all immunizations and Flu shot
- #40 when 2 individual care plans were not signed by parents

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: Fil Montanye

Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Trace McDermott

OEC BY: 1/22/25

Print Name: Trace McDermott