

**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



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

Community Co-op Nursery School  
4 Trolley Pl  
Norwalk

<sup>(pm)</sup>  
~~11-13-25~~  
12291  
2038662184

905 am  
12-31-28  
Closed

Community Co-op nursery school inc  
admin@ccnsc.org  
Mary NEVA Bauthier

# of Staff Present: 7	# over 3 Present: 10	# under 3 Present: 0
Total Capacity: 46	Total Under 3 capacity: 8	Ages Served: 18m-5yrs
MWF 9-1300m TH 9am-145 pm		

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

LICENSURE SECTIONS 17a-79a

STAFFING and CONSULTANTS

1. (c)(8) Local Health Inspection-Date: 8/27/24

- 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)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- 28. (d)(4)(B)
- 29. (d)(6)
- 30. (d)(4)(D)
- 31. (d)(5)
- 32. (d)(5)(A)
- 33. (d)(5)(B)
- 34. (e)(1)
- 35. (f)(1)
- (f)(2)
- (a)(2)
- (h)(1)(2)
- (h)(1)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

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<sup>N</sup>  
Swimming-Ratios  
Non-swimmers identified  
CPR certified staff-age 20 or older  
Lifeguard-certified-supervising

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

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	0	✓	✓
Dietitian	N/A	N/A	

<b>PROGRAM</b> Community Co-Op Nursery School	<b>LICENSE NUMBER</b> 12291	<b>DATE OF INSPECTION</b> 1-13-25
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**RECORD KEEPING 19a-79-7a**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	<b>PARENT PERMISSIONS</b> Emergency medical permission
		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
		<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/>	45.	(a)(4)	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.		<b>TOILETING</b> Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		(d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/>		(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>		(d)(10)(D)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		(d)(10)(E)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>		(d)(10)(F)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		(d)(10)(G)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>		(d)(10)(H)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>		(d)(11)	<b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>		(e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>		(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>		(e)(3)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/>		(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>		(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>		(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>		(e)(6)	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
<input checked="" type="checkbox"/>		(e)(8)	<b>LIGHTING</b> 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
<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)(11)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>		(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>		(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>		(e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>		(e)(16)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>		(e)(17)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>		(e)(18)	Radon test- Results: 1.4 N/A
<input checked="" type="checkbox"/>		(f)(1)(A)	Results posted-Date: 12.30.04 (Schls-N/A)
<input checked="" type="checkbox"/>		(g)(1)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>		(g)(2)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>		(g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>		(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>			Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>			Developmentally app equipment, materials

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

<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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
<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)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	60.	(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"/>	61.	(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

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

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 8127124
<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)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		(c)(5)(B)	Lead Water Test - Date: 8.2.24
<input checked="" type="checkbox"/>		(c)(5)(C)	Bact./Chem Test-Date: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	Drinking water available/accessible <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
<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: Lead m. Plan Lead Management Plan: every 6 months
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access

<b>PROGRAM NAME</b>	Community CO OP Nursery School	<b>LICENSE NUMBER</b>	12291	<b>DATE INSPECTION</b>	1.13.25
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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<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.		<b>OUTDOOR SPACE</b>
		<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.		<b>OUTDOOR PROTECTED/FENCING</b>
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
<input checked="" type="checkbox"/>	114.		<b>WATER HAZARDS</b>
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A

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

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
		<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 YN**

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

**SCHOOL AGE ENDORSEMENT 19a-79-11 YN**

<input type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/>	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
<input type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
		(c)(2)	Activities not a duplication of child's day
		(c)(3)	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%

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - Page 4**

<b>PROGRAM NAME</b>	Community Co-Op Nursery School	<b>LICENSE NUMBER</b>	1291	<b>DATE OF INSPECTION</b>	1-13-25
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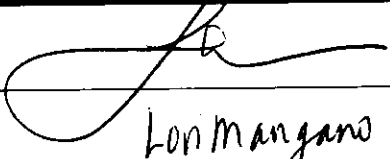
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (19a-5a) Y/N</b>	<b>MONITORING OF DIABETES 19a-79-13 Y/N</b>
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<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<b>STAFF TRAINING</b>
<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.	<b>SLEEP PROVISIONS</b>	<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		

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b>	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	N/A	N/A
<input checked="" type="checkbox"/> 159.	<b>NONPRESC. TOPICAL MEDICATION</b>		
<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors		
<input 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 type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)		
<input type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage		
<input type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible		
<input type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned		
<input type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment		
<input 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>DISCUSSIONS - COMMENTS</b>	
Regulation not met when... 21(b) 1 staff without complete background check and working with children. 35 (1)(2)(A-H) Education and health contracts incomplete with services required. (Send copy) 70 (c)(6)(B-D)- Lead management plan not monitored since 2022 and required every 6 mths. 164 (b)(5)(A-B)- inhaler expired 10/24 and box exp. 3/25 + not in original package 166 (b)(5)(D)- inhaler expired 10/24 Discussed - new regulations - lock on boiler door in bathroom	

<b>SIGNATURE OF OEC STAFF</b>		<b>SIGNATURE OF PERSON IN CHARGE</b>	Mary Nevin Gauthier
<b>PRINTED NAME</b>	Lon Mangano	<b>PRINTED NAME</b>	Mary Nevin Gauthier

<b>OEC DIVISION OF LICENSING</b> 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	<b>Inspection shall be posted or available for review upon request.</b>
Written Corrective Action Plan Due by: 1-27-25	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>