



**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

<b>Program Name:</b>	Charles B. Tisdale Early Learning	<b>Date of Inspection:</b>	1-13-25	<b>Time of Arrival:</b>	945am
<b>Address:</b>	Center 195 Stratford Ave	<b>License Number:</b>	70282	<b>Expiration Date:</b>	1-31-28
<b>Town:</b>	Bridgeport	<b>Telephone Number:</b>	203-366-8241	<b>Summer Care:</b>	Open
<b>Operator:</b>	Alliance for Community Empowerment Inc	<b># of Staff Present:</b>	8	<b># over 3 Present:</b>	
<b>Email:</b>	bperry@alliancect.org	<b>Total Capacity:</b>	140	<b>Total Under 3 capacity:</b>	0
<b>Designated Director:</b>	Tanya Lloyd	<b>Hours/Days of Operation:</b>	M-F 730am-530pm		

**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: 10-1-24

**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

- 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. **SWIMMING ACTIVITIES - Y/N**
    - (4)(C)(ii-v) Swimming-Ratios
    - (4)(C)(i) Non-swimmers identified
    - (e)(6) CPR certified staff-age 20 or older
    - (e)(6) Lifeguard-certified-supervising
  - 35. **CONSULTANTS**
    - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
    - (i) Consultant agreements-signed annually
    - (j)(2)(A-H) Agreements complete w/required services
    - (F) Consultant logs-documented activities, observations and required services
    - (i)(2) Consultant visits- Education/Health
- |            | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education  | ✓         | ✓    | ✓      |
| Health     | ✓         | ✓    | ✓      |
| Soc. Serv. | ✓         | ✓    | ✓      |
| Dietitian  | ✓         | ✓    | ✓      |

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

PROGRAM NAME Charles BTisdale EIC LICENSE NUMBER 70282 DATE OF INSPECTION 1-13-25

RECORD KEEPING 19a-79-5

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. **PARENT PERMISSIONS**
  - (a)(1)(D)(i) Emergency medical permission
  - (a)(1)(D)(ii) Authorized release permission
  - (a)(1)(D)(iii) Field trip permission
  - (a)(1)(D)(iv) Transportation permission
- 38. (a)(2)(A-B) Child Health Records
- 39. (a)(2)(C) Immunization records
- 40. (a)(2)(E) Individual care plan-signed by parents/staff
- 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
- 42. (a)(3)(B) Parent notification of illness or injury
- 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
- 44. (a)(3)(D) Notify DPH, local health-reportable diseases
- 45. (a)(4) Video recordings- keep 30 days

PHYSICAL PLANT 19a-79-7a cont.

- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens (Schl age only- N/A)
- 75. (d)(4) Glass and mirrors protected to 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing/bedding
- 79. (d)(8) Smoking or vaping prohibited on premises/grounds
- 80. (d)(8) Matches/lighters inaccessible
- 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
- 82. **TOILETING**
  - (d)(10)(A) Shared toilets/sinks-supervision plan
  - (d)(10)(B) Toileting needs met
  - (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
  - (d)(10)(C) Required toilets/sinks-1:16
  - (d)(10)(D) Required toilets/sinks-1:25 schl age only
  - (d)(10)(E) Toileting Supplies-Hand drying-Garbage
  - (d)(10)(E) Handwashing staff/children
  - (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
  - (d)(10)(G) Well lighted/ventilated toilet rooms
  - (d)(10)(H) Mechanical ventilation (Grp Homes N/A)

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths 1-1-25
- 50. (a)(5) Food Service Inspection 2-4-23 N/A
- 51. (a)(6) Kitchen-clean, safe storage of food/supplies
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (Schl age only N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59.  (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 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
- 61.  (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

- 83. (d)(11)
- 84.
- 85.
- 86. (e)(3)
- 87. (e)(4)
- 88. (e)(5)
- 89. (e)(5)
- 90. (e)(6)
- 91. (e)(7)
- 92. (e)(7)
- 93. (e)(7)
- 94.
- (e)(8)
- (e)(9)
- (e)(9)
- (e)(9)
- (e)(10)
- (e)(11)
- 97. (e)(12)
- 98. (e)(13)
- 99. (e)(14-15)
- 100. (e)(16)
- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 1-1-24
- 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.  (c)(5)(A) **WATER SUPPLY** - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 5-12-23
- (c)(5)(C) Bact./Chem Test-Date: N/A
- 70.  (c)(6)(A) **LEAD PAINT** - Peeling Paint - Y/N N Inside/Outside Building Pre-78: Y/N N Lead Test: Y/N N Results NA
- (c)(6)(B-D) Lead Management Plan NA
- 71. (d)(1) Emergency vehicle access

- (e)(10)
- (e)(11)
- (e)(12)
- (e)(13)
- (e)(14-15)
- (e)(16)
- (e)(17)
- (e)(18)
- (f)(1)(A)
- (g)(1)
- (g)(2)
- (g)(3)
- (g)(4)

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

**PROGRAM NAME** Charles B. Tisdale ELC      **LICENSE NUMBER** 70282      **DATE OF INSPECTION** 1/3/23

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

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. **OUTDOOR SPACE**
  - (h)(1) Adequate space- 75 sq. ft. per child
  - (h)(2) Shock absorbing surfaces-minimum 8"
  - (h)(3) Playground free from hazards
  - (h)(4) Nuts, bolts, screws-tight, covered/protected
  - (h)(5) Outside equipment anchored-anchors buried
  - (h)(6) New equip- cert playg. Inspection upon request
  - (h)(8) Drinking water available/accessible
  - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. **OUTDOOR PROTECTED/FENCING**
  - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113.
  - (h)(7)(A) Fences installed to protect from hazards-4 ft
  - (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
  - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier
- 114. **WATER HAZARDS**
  - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
  - (i) Wading pools prohibited
  - (i) Hot tubs/spas/saunas-locked/inaccessible

- 129.
  - (f)(1)
  - (f)(2)
  - (f)(3)
  - (f)(4)
- 130.
  - (g)(1)
  - (g)(1)
  - (g)(1)
  - (g)(2)
  - (g)(3)
  - (g)(4)
  - (g)(5)
  - (g)(6)
  - (g)(7)
  - (g)(8)
- 131. (h)(1)
- 132. (h)(1)
- 133. (h)(2)
- 134. (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

**LINENS/CLOTHING**  
 Linens/emergency clothing available  
 Linens washed weekly or as needed  
 Linens/clothing stored individually  
 Cribs/cots cleaned-linens changed when shared

**SAFE SLEEP**  
 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

**FEEDING**  
 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

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

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (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

*WA*

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

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

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

- 140. (b) Approved Schl Age Endorsement
- 141. (c) **SCHEDULE - ACTIVITIES**
- 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
- (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 143. (e) Ratio- 1:15
- 144. (f) Group size- max. 30
- 145. (g) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Head teacher approved- 60%

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

<b>PROGRAM NAME</b>	Charles B Tisdale ELC	<b>LICENSE NUMBER</b>	70282	<b>DATE OF INSPECTION</b>	1-13-25
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<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) 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)	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.		<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/>		(c)(2)	Trained staff on site when child is present
		<input type="checkbox"/>	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"/>	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
		<input type="checkbox"/>	Required bedding	<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
		<input type="checkbox"/>	Required toiletries	<input checked="" type="checkbox"/>	176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
		<input type="checkbox"/>	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
		<input type="checkbox"/>	Sleep arrangements for infants	<input checked="" type="checkbox"/>	178.	(e)(2)	Written authorization from parent
		<input type="checkbox"/>	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"/>	Fire marshal approval-hours specified				
		<input type="checkbox"/>	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)
<input checked="" type="checkbox"/>	159.		<b>NONPRESC. TOPICAL MEDICATION</b>				
		<input type="checkbox"/>	Admin/Parent permission/report errors				
		<input type="checkbox"/>	Labeling and Storage				
		<input type="checkbox"/>	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.		<b>MEDICATION TRAINING</b>				
		<input checked="" type="checkbox"/>	Medication training-general-oral/top/inhalant				
		<input checked="" type="checkbox"/>	Injectable premeasured autoinjector medication				
		<input checked="" type="checkbox"/>	Rectal medication				
		<input checked="" type="checkbox"/>	Injectable other than premeasured auto-injector				
		<input checked="" type="checkbox"/>	Training approval documents/certificates				
		<input checked="" type="checkbox"/>	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 type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage				

**DISCUSSIONS - COMMENTS**

<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)
<input checked="" type="checkbox"/>	159.		<b>NONPRESC. TOPICAL MEDICATION</b>				
		<input type="checkbox"/>	Admin/Parent permission/report errors				
		<input type="checkbox"/>	Labeling and Storage				
		<input type="checkbox"/>	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.		<b>MEDICATION TRAINING</b>				
		<input checked="" type="checkbox"/>	Medication training-general-oral/top/inhalant				
		<input checked="" type="checkbox"/>	Injectable premeasured autoinjector medication				
		<input checked="" type="checkbox"/>	Rectal medication				
		<input checked="" type="checkbox"/>	Injectable other than premeasured auto-injector				
		<input checked="" type="checkbox"/>	Training approval documents/certificates				
		<input checked="" type="checkbox"/>	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 type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage				

<b>SIGNATURE OF OEC STAFF</b>			<b>SIGNATURE OF PERSON IN CHARGE</b>
<b>PRINTED NAME</b>	Cathy Anderson	Karrel Fletcher	<b>PRINTED NAME</b>

OEC DIVISION OF LICENSING      Inspection shall be posted or available for review upon request.

450 Columbus Blvd, Suite 302, Hartford, CT 06103      Written Corrective Action Plan Due by: 1-27-25      CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Charles B. Tisdale Early Learning Center License # 70282 Date: 1-13-25

Observations/Corrections needed:

regulation not in compliance when:  
35(H)(i)-(I)(i) - Health consultant did not make quarterly visits to the program. (The visits for 2024 7-2-24 and 10-28-24)

66-2 tall storage cabinets not secured and play iron board wobbles and wood is rough on top. (room 3)

Discussed:

New regulations  
1 out of 8 Child health records not complete

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: Cathy Askin  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Kamil Fletcher  
(Person in Charge)

OEC BY: 1-27-25