

EARLY CHILDHOOD HOME
INSPECTION FORM

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

Kids Room at MacDonough School 66 Spring St Middletown, CT 06457 Northern Middlesex YMCA corane@midymca.org Candace Crane	Date: 1/8/25 Address: 15251 Phone Number: 959-237-2862 # of Staff Present: 24 Total Capacity: 50 Hours/Days of Operation: M-F 7:00-8:45 / 3:45-6:00	Time: 3:48 pm Date: 2/28/25 Status: Closed # over 3 Present: 27 Total Under 3 capacity: 0 # under 3 Present: — Ages Served: 5 to 12 yrs
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Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

INSPECTION PROCEDURES 19-75-2 STAFFING and COMPLIANCE 19-75-4

1. (c)(8) Local Health Inspection-Date: 9/29/24	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) (d)(4)(B) (d)(6) (d)(4)(D) 28. (d)(5) 29. (d)(5)(A) (d)(5)(B) 30. (e)(1) 31. (f)(1) 32. (f)(2) 33. (a)(2) (h)(1)(2) (b)(1)(2) 34. (4)(C)(ii-v) (4)(C)(i) (e)(6) (e)(6) 35. (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/N 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
ADMINISTRATION 19-75-3 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. (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. (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. (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) (d)(4)(B) (d)(6) (d)(4)(D) 28. (d)(5) 29. (d)(5)(A) (d)(5)(B) 30. (e)(1) 31. (f)(1) 32. (f)(2) 33. (a)(2) (h)(1)(2) (b)(1)(2) 34. (4)(C)(ii-v) (4)(C)(i) (e)(6) (e)(6) 35. (i)(1)(A)-(D) (i) (i)(2)(A-H) (F) (i)(2) (H)(i)-(I)(i)	Education <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Soc. Serv. <input checked="" type="checkbox"/> Dietitian <input checked="" type="checkbox"/>

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

PROGRAM NAME: Kids Kinnel at MacDonough School **LICENSE NUMBER:** 15251 **DATE OF INSPECTION:** 1/8/25

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

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) PARENT PERMISSIONS
 (a)(1)(D)(ii) Emergency medical permission
 (a)(1)(D)(iii) Authorized release permission
 (a)(1)(D)(iv) Field trip permission
 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

- 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
- 50. (a)(5) Food Service Inspection _____ 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. (e)(1)
- 85. (e)(1)
- 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)
- 95. (e)(9)
- 96. (e)(10)
- 97. (e)(11)
- 98. (e)(12)
- 99. (e)(13)
- 100. (e)(14-15)
- 101. (e)(16)
- 102. (e)(17)
- 103. (e)(18)
- 104. (f)(1)(A)
- 105. (g)(1)
- 106. (g)(2)
- 107. (g)(3)
- 108. (g)(4)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 9/19/24
- 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: _____
 (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
 Drinking water available/accessible
- 70. (c)(6)(A) LEAD PAINT -
 Peeling Paint - Y/N Inside/Outside
 Building Pre-78: Y/N Lead Test: Y/N
 Results No lead identified
- 71. (d)(1) (c)(6)(B-D) Lead Management Plan
 Emergency vehicle access

- 95. (e)(10)
- 96. (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)

AIR TEMPERATURE
 Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
 Air temp <65°F comfortable (Schl age only-N/A)
 Air temp > 80 °F - ↑ fluids/ventilation
 Water temperature 60 °F - 120 °F
 Portable space heaters prohibited
 Walls/ceilings/floors/rugs-clean/good repair
 Rugs- not tripping/slipping hazard
 Hot water/Steam pipes protected
 Working phone on each level
 Emergency numbers posted-adjacent to phones
 Parents provided direct on site phone number

LIGHTING
 All areas min. 1 foot candle of lighting
 Adequate lighting-30/50 candle feet-mapping 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: _____ N/A
 Results posted-Date: _____ (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

NAME: **KIDS KORNER at MACDONOUGH School**

INSPECTION NUMBER: **15251**

DATE OF INSPECTION: **1/8/25**

PHYSICAL ENVIRONMENT UNDER THREE ENDORSEMENT 19a-79-10

<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.		OUTDOOR SPACE
	<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
		OUTDOOR PROTECTED/FENCING
<input checked="" type="checkbox"/> 112.	<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"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
		WATER HAZARDS
	<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.	<input type="checkbox"/> (f)(1)	LINENS/CLOTHING
	<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"/> 130.	<input type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input type="checkbox"/> (g)(1)	SAFE SLEEP
	<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)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input type="checkbox"/> (g)(3)	Infants allowed to adopt other sleep positions
	<input type="checkbox"/> (g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input type="checkbox"/> (g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
	<input type="checkbox"/> (g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input type="checkbox"/> (g)(7)	Observe/assess infants at least every 15 minutes
	<input type="checkbox"/> (g)(8)	Teething necklaces/bracelets, jewelry inaccessible
	<input type="checkbox"/> (h)(1)	Safe sleep policies posted/parents informed
<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/> 132.	<input type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly
<input type="checkbox"/> 133.	<input type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4" diameter
<input type="checkbox"/> 134.	<input type="checkbox"/> (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/> 135.	<input type="checkbox"/> (i)(1)(2A-C)	Health consultant visits/documentation
<input type="checkbox"/> 136.	<input type="checkbox"/> (j)	FEEDING
	<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"/> 137.	<input type="checkbox"/> (l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input type="checkbox"/> 138.	<input type="checkbox"/> (l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/> 139.	<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)	EDUCATIONAL REQUIREMENTS
	<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 type="checkbox"/> (b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10

SCHOOL AGE ENDORSEMENT 19a-79-11

<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)(A-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.		DIAPERING
	<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.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
	<input checked="" 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 checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	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

PROGRAM Kids Room at MacDonough School	LICENSE NUMBER 15251	DATE OF INSPECTION 1/8/25
NIGHT CARE	MONITORING OF DIABETES 19a-19-12-14	

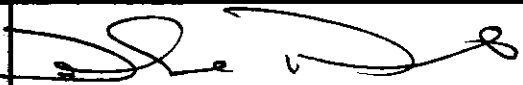

<input type="checkbox"/> 147. (b) <input type="checkbox"/> 148. (b)(1) <input type="checkbox"/> 149. (b)(2) <input type="checkbox"/> 150. (b)(3) <input type="checkbox"/> 151. (b)(4) <input type="checkbox"/> 152. (b)(5) <input type="checkbox"/> 153. (b)(6) <input type="checkbox"/> (b)(6)(A) <input type="checkbox"/> (b)(6)(B) <input type="checkbox"/> (b)(6)(C) <input type="checkbox"/> (b)(6)(D) <input type="checkbox"/> (b)(7) <input checked="" type="checkbox"/> 154. (b)(8) <input checked="" type="checkbox"/> 155. (b)(9) <input checked="" type="checkbox"/> 156. (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available SLEEP PROVISIONS Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 171. <input checked="" type="checkbox"/> 172. <input checked="" type="checkbox"/> 173. <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> 175. <input checked="" type="checkbox"/> 176. <input checked="" type="checkbox"/> 177. <input checked="" type="checkbox"/> 178. <input checked="" type="checkbox"/> 179.	(a)(1) <input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii) <input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) (c)(3) (d)(1) (d)(2) (d)(3) (e)(1) (e)(2) (e)(3)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
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ADMINISTRATION OF MEDICATIONS 19a-79-9a-YN **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157. (9a) <input checked="" type="checkbox"/> 158. (9a) <input checked="" type="checkbox"/> 159. (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C) <input checked="" type="checkbox"/> 160. (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F) <input checked="" type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (b)(2)(C) <input checked="" type="checkbox"/> 161. (b)(3)(A-B) <input checked="" type="checkbox"/> 162. (b)(3)(D) <input checked="" type="checkbox"/> 163. (b)(4)(A-B) <input checked="" type="checkbox"/> 164. (b)(5)(A-B) <input checked="" type="checkbox"/> 165. (b)(5)(C) <input checked="" type="checkbox"/> 166. (b)(5)(D) <input checked="" type="checkbox"/> 167. (b)(5)(E) <input checked="" type="checkbox"/> 168. (b)(6) <input checked="" type="checkbox"/> 169. (b)(7)(A-B) <input checked="" type="checkbox"/> 170. (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage N/A	<input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions N/A
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DISCUSSIONS - COMMENTS

→ Policies update (copy of checklist given)
 → Consultant agreements with required services
 → 1 child without copy of immunizations.

SIGNATURE OF OEC STAFF 	SIGNATURE OF PERSON IN CHARGE 
PRINTED NAME Johanne Dabo	PRINTED NAME Benjamin Carlson

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
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Karla Kerner at MacDonough School License # 15251 Date: 1/8/25

Observations/Corrections needed:

→ Regulation was not in compliance when ...

#4(b)(6) Observed 1 staff without documentation of employee orientation.

#12(d)(1): Observed no arrival time for pm session and no departure time for am session.

#30(e)(1): No documentation of director - training 3 credits in admin of early childhood on site.

#35(G): Observed 2 consultant agreements not current.

#35(F): Observed no documentation of annual review of policies for 2 consultants.

#14b(g): Program does not have a head teacher

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

Print Name: Johanne Walo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

OEC BY: 1/22/25

(Person in Charge)
Print Name: Benjamin Carlson