



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



**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

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

Program Name: Community Nursery School ^{of Wilton}	Date of Inspection: 1/14/25	Time of Arrival: 10:50
Address: 9 Hubbard Rd.	License Number: 12988	Expiration Date: 5/31/25
Town: Wilton, Ct	Telephone Number: 203-762-3434	Summer Care: Closed
Operator: Board of Community Nursery Inc. ^{of Wilton}	# of Staff Present: 5	# over 3 Present: 21
Email: cnsdirector@gmail.com	Total Capacity: 28	Total Under 3 capacity: 10
Designated Director: Mandie Dugan	Hours/Days of Operation: MF 9-1 TR 9-3 W 9-2	# under 3 Present: 0
		Ages Served: 2-5y.o

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation not in Compliance

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

LICENSURE PROCEDURES 19a-79-2a

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

1. (c)(8) Local Health Inspection-Date: 1/5/24

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

- 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.
- 29.
- (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33.
- 34.
 - (a)(2)
 - (h)(1)(2)
 - (h)(1)(2)
- 35.
 - (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/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

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

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

PROGRAM NAME	Community Nursery School of Wilton	LICENSE NUMBER	12998	DATE OF INSPECTION	11/4/25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
<p><input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information</p> <p><input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS</p> <p><input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission</p> <p><input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission</p> <p><input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission</p> <p><input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission</p> <p><input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records</p> <p><input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records</p> <p><input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff</p> <p><input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports</p> <p><input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury</p> <p><input checked="" type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality</p> <p><input checked="" type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases</p> <p>Video recordings- keep 30 days</p>	<p><input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained</p> <p><input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls</p> <p><input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only-N/A)</p> <p><input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36"</p> <p><input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)</p> <p><input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed</p> <p><input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding</p> <p><input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds</p> <p><input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible</p> <p><input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)</p> <p><input checked="" type="checkbox"/> 82. TOILETING</p> <p><input checked="" type="checkbox"/> (d)(10)(A) Shared toilets/sinks-supervision plan</p> <p><input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met</p> <p><input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected</p> <p><input checked="" type="checkbox"/> (d)(10)(D) Required toilets/sinks-1:16</p> <p><input checked="" type="checkbox"/> (d)(10)(E) Required toilets/sinks-1:25 Schl age only</p> <p><input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage</p> <p><input checked="" type="checkbox"/> (d)(10)(F) Handwashing staff/children</p> <p><input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located-at the facility or licensed premises</p> <p><input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms</p> <p><input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes-N/A)</p> <p><input checked="" type="checkbox"/> 83. (d)(11) Staff personal articles inaccessible</p> <p><input checked="" type="checkbox"/> 84. AIR TEMPERATURE</p> <p><input checked="" type="checkbox"/> 85. (e)(1) Air temp 65°F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)</p> <p><input checked="" type="checkbox"/> (e)(1) Air temp <65°F comfortable (Schl age only-N/A)</p> <p><input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F - ↑ fluids/ventilation</p> <p><input checked="" type="checkbox"/> 86. (e)(3) Water temperature 60 °F - 120 °F</p> <p><input checked="" type="checkbox"/> 87. (e)(4) Portable space heaters prohibited</p> <p><input checked="" type="checkbox"/> 88. (e)(5) Walls/ceilings/floors/rugs-clean/good repair</p> <p><input checked="" type="checkbox"/> 89. (e)(5) Rugs- not tripping/slipping hazard</p> <p><input checked="" type="checkbox"/> 90. (e)(6) Hot water/Steam pipes protected</p> <p><input checked="" type="checkbox"/> 91. (e)(7) Working phone on each level</p> <p><input checked="" type="checkbox"/> 92. (e)(7) Emergency numbers posted-adjacent to phones</p> <p><input checked="" type="checkbox"/> 93. (e)(7) Parents provided direct on site phone number</p> <p><input checked="" type="checkbox"/> 94. LIGHTING</p> <p><input checked="" type="checkbox"/> (e)(8) All areas min. 1 foot candle of lighting</p> <p><input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible</p> <p><input checked="" type="checkbox"/> (e)(9) Schl age only-lighting for comfort</p> <p><input checked="" type="checkbox"/> (e)(10) Light fixtures shielded/shatter proof</p> <p><input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials - labeled, inaccessible</p> <p><input checked="" type="checkbox"/> 95. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair</p> <p><input checked="" type="checkbox"/> 96. (e)(12) Stairs-protected/good repair-handrails</p> <p><input checked="" type="checkbox"/> 97. (e)(13) Toxic plants/materials inaccessible</p> <p><input checked="" type="checkbox"/> 98. (e)(14-15) Pets or other animals-in good health, written care plan including access to children</p> <p><input checked="" type="checkbox"/> 99. (e)(16) Prevention of vermin-openings screened</p> <p><input checked="" type="checkbox"/> 100. (e)(17) Radon test- Results: 2.1 N/A</p> <p><input checked="" type="checkbox"/> 101. Results posted-Date: 11/10/24 (Schl-N/A)</p> <p><input checked="" type="checkbox"/> 102. (e)(18) Carbon monoxide detector-each level N/A</p> <p><input checked="" type="checkbox"/> 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child</p> <p><input checked="" type="checkbox"/> 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust</p> <p><input checked="" type="checkbox"/> 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)</p> <p><input checked="" type="checkbox"/> 106. (g)(3) Air conditioners, water heaters, fuse boxes inaccessible</p> <p><input checked="" type="checkbox"/> 107. (g)(4) Developmentally app equipment, materials</p>

HEALTH and SAFETY 19a-79-6a
<p><input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)</p> <p><input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks</p> <p><input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees</p> <p><input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths</p> <p><input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection (N/A)</p> <p><input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies</p> <p><input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities</p> <p><input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils</p> <p><input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A)</p> <p><input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep</p> <p><input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children</p> <p><input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms</p> <p><input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area</p> <p><input checked="" type="checkbox"/> 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips</p> <p><input checked="" type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags</p>

PHYSICAL PLANT 19a-79-7a
<p><input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 10/10/24</p> <p><input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved</p> <p><input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion</p> <p><input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission</p> <p><input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established</p> <p><input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)</p> <p><input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals</p> <p><input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)</p> <p><input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test - Date: 6/25/24</p> <p><input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: (N/A)</p> <p><input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible</p> <p><input checked="" type="checkbox"/> (c)(6)(A) LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: lead identified</p> <p><input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan 3 mos</p> <p><input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access</p>

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

PROGRAM NAME Community Nursery School at Wilton	LICENSE NUMBER 12988	DATE OF INSPECTION 1/14/25
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PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		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 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.		OUTDOOR PROTECTED/FENCING
		<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 (N/A)
		<input checked="" type="checkbox"/> (i)	WATER HAZARDS
		<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 (N/A)
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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 checked="" type="checkbox"/> (b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/>	129.		LINENS/CLOTHING
		<input checked="" type="checkbox"/> (f)(1)	Linens/emergency clothing available
		<input checked="" type="checkbox"/> (f)(2)	Linens washed weekly or as needed
		<input checked="" type="checkbox"/> (f)(3)	Linens/clothing stored individually
		<input checked="" type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>	130.		SAFE SLEEP
		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/> (g)(1)	Crib-slug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
		<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
		<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
		<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/>	131.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>	132.	(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>	133.	(h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/>	134.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/>	136.		FEEDING
		<input checked="" type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
		<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
		<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
		<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
		(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
		(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

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

<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)(Ai-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.		DIAPERING
		<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 Y/N

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

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

PROGRAM NAME: Community Nursing School of Wilton LICENSE NUMBER: 12988 DATE OF INSPECTION: 1/14/25

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

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	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
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	
<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)	
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> 173. (c)(3)	
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 174. (d)(1)	
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 175. (d)(2)	
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 176. (d)(3)	
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 177. (e)(1)	
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 178. (e)(2)	
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 179. (e)(3)	
<input type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft		
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified		
	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-79-9a /N ADDITIONAL VIOLATION

<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	<u>n/a</u>	N/A

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

SIGNATURE OF OEC STAFF	<u>Krish Morgan</u>	SIGNATURE OF PERSON IN CHARGE	<u>Mandy Dugan</u>
PRINTED NAME	<u>Krish Morgan</u>	PRINTED NAME	<u>MANDY DUGAN</u>

OEC DIVISION OF LICENSING
 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 1/29/25 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Community nursery School of Wilton License # 12988 Date: 1/14/25

Observations/Corrections needed:

- 36 - dates of enrollment not observed in 5 out of 8 children's files reviewed.
- 40 - 1 individual care plan cannot be followed as written - Care plan states to re-administer epi-pen after 5 minutes - only 1 epi-pen on site.
- 49 - posted menus not 1 week in advance.

Discussed:

- mulch frozen - depth could not be determined. program to maintain compliance at all times.
- Shared bathroom plan - in writing.
- all items checked were either in compliance or discussed.
- program responsible to understand + comply with all new regulations in addition to existing regulations.
- program to update/create policies to reflect regulation changes.
- program to update health + education consultant agreements + logs to reflect regulation changes.
- All program staff to complete health + safety training by 4/1/25.

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: Kawon Krisi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Mandy Pagan
(Person in Charge)

OEC BY: 1/28/25