

**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:	Jericho Partnership A.S. Program	Date of Inspection:	1/21/25	Time of Arrival:	1:21
Address:	44 Spring St.	License Number:	Pending	Expiration Date:	pending
Town:	Danbury, CT 06810	Telephone Number:	203-791-1140	Number Care:	Closed.
Operator:	Jericho Partnership, Inc.	# of Staff Present:	1	# over 3 Present:	0
Email:	mark@jerichopartnership.org	Total Capacity:	8	Total Under 3 capacity:	0
Designated Director:	Demia Moore	Hours/Days of Operation:	M-R 3:15 - 5:00pm		

Instruction Codes: N/A - Not applicable at this time - Regulation in Compliance - 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 and

1. (c)(8) Local Health Inspection-Date: 12/11/24

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)
 28. (d)(4)(B)
 29. (d)(4)(D)

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	—	—	—

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

30. (e)(1)
 31. (f)(1)
 32. (f)(2)
 33. (a)(2)
 34. (h)(1)(2)
 35. (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)

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

PROGRAM NAME Jericho Partnerships program ^{AC} **LICENSE NUMBER** Pending **DATE OF INSPECTION** 1/21/25

RECORD KEEPING 19a-79-5

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) **PARENT PERMISSIONS**
 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

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

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 4/1/24
- 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)
 Lead Water Test - Date: _____
 (c)(5)(B) Bact./Chem Test-Date: _____ N/A
 (c)(5)(C) Drinking water available/accessible
- 70. **LEAD PAINT** -
 Peeling Paint - Y/N Inside/Outside
 (c)(6)(A) Building Pre-78 Y/N Lead Test: Y/N
 Results lead identified
 (c)(6)(B-D) Lead Management Plan 12 mos
- 71. (d)(1) Emergency vehicle access

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**
 Shared toilets/sinks-supervision plan
 Toileting needs met
 Potty chairs-nonporous, emptied, disinfected
 Required toilets/sinks-1:16 N/A
 Required toilets/sinks-1:25 schl age only
 Toileting Supplies-Hand drying-Garbage
 Handwashing staff/children
 Toilets/sinks located-at the facility or licensed premises
 Well lighted/ventilated toilet rooms
 Mechanical ventilation (Grp Homes N/A)
 Staff personal articles inaccessible
- 83. **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
- 84. **LIGHTING**
 All areas min. 1 foot candle of lighting
 Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
 Schl age only-lighting for comfort
 Light fixtures shielded/shatter proof
 Potentially hazardous substances - 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: 1.2 N/A
 Results posted-Date: 12/6/24 (Schl 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
- 85. (e)(1)
- 86. (e)(1)
- 87. (e)(2)
- 88. (e)(3)
- 89. (e)(4)
- 90. (e)(5)
- 91. (e)(5)
- 92. (e)(6)
- 93. (e)(7)
- 94. (e)(7)
- 95. (e)(8)
- 96. (e)(9)
- 97. (e)(9)
- 98. (e)(9)
- 99. (e)(10)
- 100. (e)(11)
- 101. (e)(12)
- 102. (e)(13)
- 103. (e)(14-15)
- 104. (e)(16)
- 105. (e)(17)
- 106. (e)(18)
- 107. (f)(1)(A)
- 108. (g)(1)
- 109. (g)(2)
- 110. (g)(3)
- 111. (g)(4)

PROGRAM NAME	LICENCE NUMBER	DATE OF INSPECTION
Vericho Partnership ^{AS}	pending	1/21/25
SICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 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. <u>OUTDOOR SPACE</u> <input checked="" type="checkbox"/> (h)(1) Adequate space- 75 sq. ft. per child <input checked="" type="checkbox"/> (h)(2) Shock absorbing surfaces-minimum 8" <input checked="" type="checkbox"/> (h)(3) Playground free from hazards <input checked="" type="checkbox"/> (h)(4) Nuts, bolts, screws-tight, covered/protected <input checked="" type="checkbox"/> (h)(5) Outside equipment anchored-anchors buried <input checked="" type="checkbox"/> (h)(6) New equip- cert playg. Inspection upon request <input checked="" type="checkbox"/> (h)(8) Drinking water available/accessible <input checked="" type="checkbox"/> (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous <input checked="" type="checkbox"/> 112. <u>OUTDOOR PROTECTED/FENCING</u> <input checked="" type="checkbox"/> (h)(7) Playground protected from traffic, water, gullies or other hazards <input checked="" type="checkbox"/> 113. <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) <u>WATER HAZARDS</u> <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)	<input type="checkbox"/> 129. <input type="checkbox"/> 130. <i>n/a</i> <input type="checkbox"/> 131. <input type="checkbox"/> 132. <input type="checkbox"/> 133. <input type="checkbox"/> 134. <input type="checkbox"/> 135. <input type="checkbox"/> 136. <input type="checkbox"/> 137. <input type="checkbox"/> 138. <input type="checkbox"/> 139.	<u>LINENS/CLOTHING</u> <input type="checkbox"/> (f)(1) Linens/emergency clothing available <input type="checkbox"/> (f)(2) Linens washed weekly or as needed <input type="checkbox"/> (f)(3) Linens/clothing stored individually <input type="checkbox"/> (f)(4) Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> <input type="checkbox"/> (g)(1) Under 12 mths placed on back for sleeping <input type="checkbox"/> (g)(1) Crib-snug fitting mattress/tightly fitted sheet <input type="checkbox"/> (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file <input type="checkbox"/> (g)(2) Infants allowed to adopt other sleep positions <input type="checkbox"/> (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles <input type="checkbox"/> (g)(4) No unapproved sleeping-car seats/swings/beds, etc. <input type="checkbox"/> (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes <input type="checkbox"/> (g)(6) Observe/assess infants at least every 15 minutes <input type="checkbox"/> (g)(7) Teething necklaces/bracelets, jewelry inaccessible <input type="checkbox"/> (g)(8) Safe sleep policies posted/parents informed <input type="checkbox"/> (h)(1) Infant toys-separate/washed/sanitized daily <input type="checkbox"/> (h)(1) Toddler toys-washed/sanitized weekly <input type="checkbox"/> (h)(2) No toys/objects less than 1 1/4 " diameter <input type="checkbox"/> (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision <input type="checkbox"/> (i)(1)(2A-C) Health consultant visits/documentation <u>FEEDING</u> <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"/> (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25 <input type="checkbox"/> (l)(2) Outdoor equipment-developmentally appropriate for ages of the children <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) <u>EDUCATIONAL REQUIREMENTS</u> <input checked="" type="checkbox"/> (1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity <input checked="" type="checkbox"/> (b) Limited access to screen time/video games		
UNDER THREE ENDORSEMENT 19a-79-10 Y/N		SCHOOL AGE ENDORSEMENT 19a-79-11 <u>G/N</u>
<input type="checkbox"/> 117. (b) Approved Under 3 Endorsement <input type="checkbox"/> 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) <input type="checkbox"/> 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths) <input type="checkbox"/> 120. (c)(4) Physical barriers- indoors/outdoors <input type="checkbox"/> 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep <input type="checkbox"/> 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11) <input type="checkbox"/> 123. (d)(2)(B) Washable cots <input type="checkbox"/> 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray <input type="checkbox"/> 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment <input type="checkbox"/> 126. (d)(2)(E) Refrigerator and food prep facilities <input type="checkbox"/> 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free <input type="checkbox"/> 128. <u>DIAPERING</u> <input type="checkbox"/> (e)(1) Diaper area: elevated/sturdy/safety rail <input type="checkbox"/> (e)(2) Diaper area: used only for this purpose, located in the program area <input type="checkbox"/> (e)(3) Diaper area: non-porous surface/good repair <input type="checkbox"/> (e)(4) Diaper area: washed/disinfected after use <input type="checkbox"/> (e)(5) Diaper area: disposable paper sheets <input type="checkbox"/> (e)(6)(9) Covered waste receptacle-removed daily <input type="checkbox"/> (e)(7) Handwashing-staff/children <input type="checkbox"/> (e)(8) Diapering-Handwashing policies-posted/followed <input type="checkbox"/> (e)(10)(A-C) Cloth diapers-written plan developed	<input checked="" type="checkbox"/> 140. (b) Approved Schl Age Endorsement <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> (c) <u>SCHEDULE - ACTIVITIES</u> <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"/> 143. (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events <input type="checkbox"/> 144. (e) Ratio- 1:15 <input type="checkbox"/> 145. (f) Group size- max. 30 <input type="checkbox"/> 146. (g) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%	

CHILD CARE CENTER / GROUP CHILD CARE HOME INSPECTION FORM Page 4

PROGRAM NAME Jericho Partnership ^{AS} program	LICENSE NUMBER pending	DATE OF INSPECTION 1/21/25
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N	

<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.		<u>STAFF TRAINING</u>
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities			<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation			<input checked="" type="checkbox"/> (b)(1)(B) (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.		<u>SLEEP PROVISIONS</u>			<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/>		<input type="checkbox"/> (b)(6)	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"/>		<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input type="checkbox"/>		<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/>		<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>	176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>		<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input type="checkbox"/>		<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/>	178.	(e)(2)	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				

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

DISCUSSIONS - COMMENTS

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

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Krish Morgan	PRINTED NAME	Daisy Torres

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: <u>prior to license.</u> 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: Jericho Partnership AS License # pending Date: 1/21/25
program.

Observations/Corrections needed:

Room 1 -

$$17.047 \times 25.545 = 435.47 \div 35 = 12.44 \quad \boxed{\text{OK 12}}$$

Room 2 -

$$14.521 \times 18.409 = 267.32 \div 35 = 7.64 \quad \boxed{\text{OK 7}}$$

Room 3 + 4 -

$$14.521 \times 18.373 - (3.976 \times 1.522) = 260.74 \div 35 = 7.45 \quad \boxed{\text{OK 7}}$$

Room 6 -

$$14.094 \times 14.413 = 203.14 \div 35 = 5.80 \quad \boxed{\text{OK 5}}$$

Room 7/8 -

$$18.376 \times 14.406 = 264.72 \div 35 = 7.56 \quad \boxed{\text{OK 7}}$$

Room 9

$$18.402 \times 14.406 = 265.10 \div 35 = 7.57 \quad \boxed{\text{OK 7}}$$

Gym (Classroom side - back half from free throw line)

$$24.590 \times 59.341 = 1459.20 \div 35 = 41.69 \quad \boxed{\text{OK 41}} \quad \text{* counted in capacity.}$$

Gym (gym side - front half from free throw line)

$$59.341 \times 65.712 = 3899.416 \div 35 = 111.41 \quad \boxed{\text{OK 111}}$$

- Not counted toward capacity

Playground

$$50.6 \times 50.6 = 2560.36 \div 75 = 34.14 \quad \boxed{\text{OK 34}}$$

toilet - 5 total capacity: 86

Sinks - 4

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: Kristi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: prior to license.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jericho Partnership AS program License # pending Date: 1/21/25

Observations/Corrections needed:

- 11. Policies incomplete - see checklist.
- 21. Current background checks not observed for all staff.
- 37. Emergency permission & authorized release not observed.
- 67 - observed 1 shelf unsecured & rust on boys bathroom stall walls.
- 69 - lead water test does not reflect all drinking water sinks.
- 160 - medication administration certificates incomplete.

Discussed:

All items checked were either discussed or were in compliance.

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: Kelvin Kiri Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

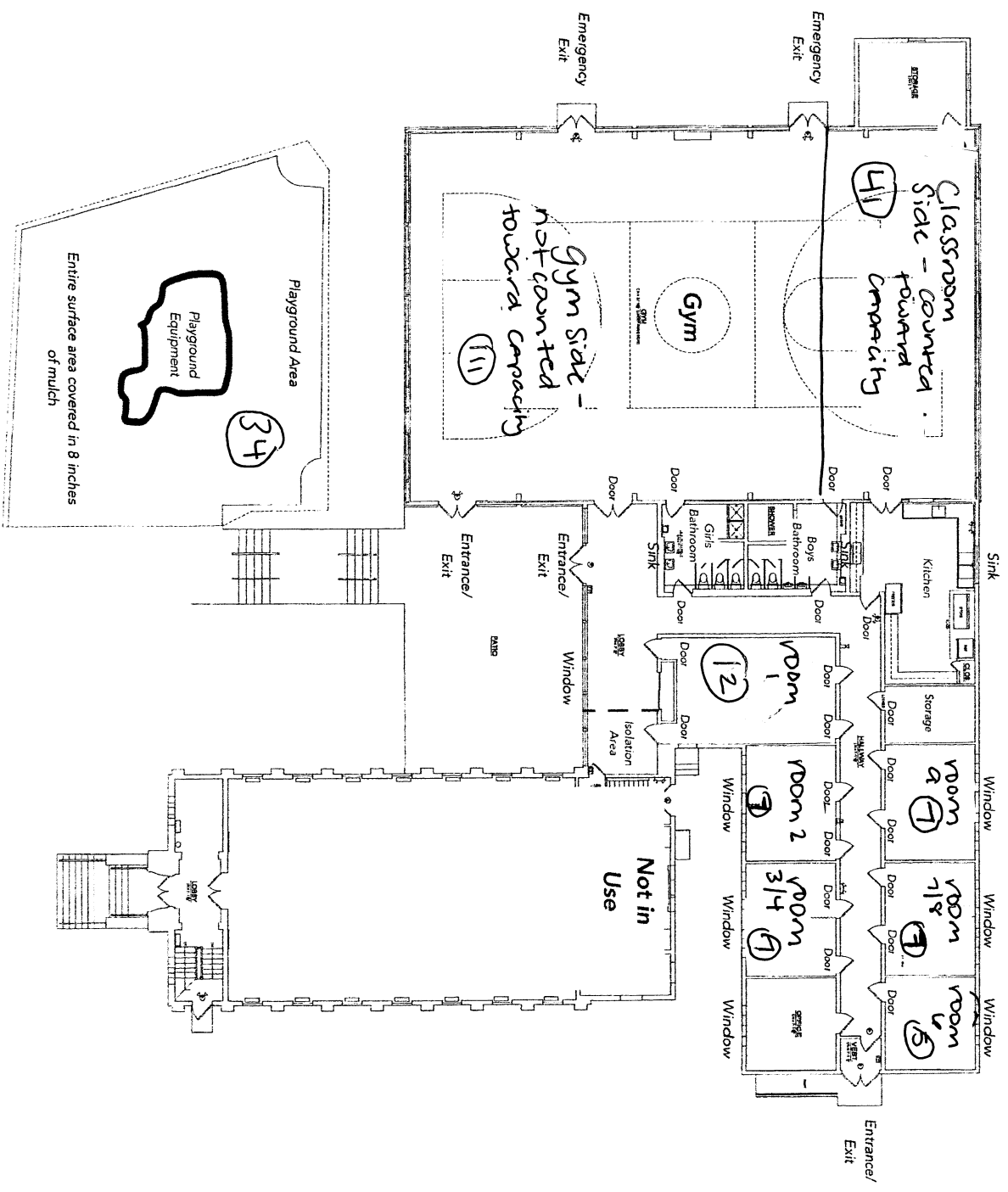
Signature: [Signature]
(Person in Charge)

OEC BY: prior to license.

AS of 1/21/25

Total Capacity: 86

Toilets: 5
Sinks: 4



Spring Street
FIRST FLOOR PLAN

Jenico Partnership
After School Learning Program -
Spring St.