

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

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

Name:	Jericho Partnership - As Learning prog	Date of Inspection:	1/21/25	Time of Arrival:	9:00
Address:	22 Maple Ave Suite 3	License Number:	pending	Expiration Date:	pending
City:	Danbury CT 06810	Telephone Number:	203-791-1190	Summer Care:	Closed
Organization:	Jericho Partnership, Inc.	# of Staff Present:	3	# over 3 Present:	0
Staff:	Mark@jerichopartnership.org	Total Capacity:	100	Total Under 3 capacity:	0
Designated Director:	Roxanna Casilla	Hours/Days of Operation:	M - F 2:15 - 5:00 pm	# under 3 Present:	0
				Ages Served:	10-18y.o

Inspection 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-79-3a

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 12/16/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
	<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
	<input checked="" type="checkbox"/> 27. (d)(4)(C)	Mixed age group-ratios
	<input checked="" type="checkbox"/> 27. (d)(4)(D)	Nap time ratio
	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
	<input checked="" type="checkbox"/> 29. (d)(5)	GROUP SIZE
	<input checked="" type="checkbox"/> 29. (d)(5)(A)	Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> 29. (d)(5)(B)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> 30. (e)(1)	Mixed age group-group size
	<input checked="" type="checkbox"/> 31. (f)(1)	Designated director-training
	<input checked="" type="checkbox"/> 32. (f)(2)	CPR certified program staff
	<input checked="" type="checkbox"/> 33. (a)(2)	First aid certified program staff
	<input checked="" type="checkbox"/> 34. (h)(1)(2)	PROFESSIONAL DEVELOPMENT
	<input checked="" type="checkbox"/> 34. (h)(1)(2)	Documentation
	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	Health & Safety training
	<input checked="" type="checkbox"/> 34. (4)(C)(i)	1% annual hours
	<input checked="" type="checkbox"/> 34. (e)(6)	SWIMMING ACTIVITIES - Y/N
	<input checked="" type="checkbox"/> 34. (e)(6)	Swimming-Ratios
	<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)	Non-swimmers identified
	<input checked="" type="checkbox"/> 35. (i)	CPR certified staff-age 20 or older
	<input checked="" type="checkbox"/> 35. (i)(2)(A-H)	Lifeguard-certified-supervising
	<input checked="" type="checkbox"/> 35. (F)	CONSULTANTS
	<input checked="" type="checkbox"/> 35. (i)(2)	Consultants-Education, Health, Social Service, Dietitian (N/A)
	<input checked="" type="checkbox"/> 35. (H)(i)-(I)(i)	Consultant agreements-signed annually
		Agreements complete w/required services
		Consultant logs-documented activities, observations and required services
		Consultant visits- Education/Health

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 11. (d)(2)(A) POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> 11. (d)(2)(B-C) Discipline policy	<input checked="" type="checkbox"/> 11. (d)(3) Child Protection policy	<input checked="" type="checkbox"/> 11. (d)(4)(A) Closing time policy	<input checked="" type="checkbox"/> 11. (d)(4)(B) Medical emergency policy	<input checked="" type="checkbox"/> 11. (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 11. (d)(5) Supervision policy	<input checked="" type="checkbox"/> 11. (d)(6) General Operating policies	<input checked="" type="checkbox"/> 11. (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 11. (d)(7) Personnel policies	<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 13. ACCESS	<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> 13. (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 18. POSTINGS	<input checked="" type="checkbox"/> 18. (e)(1) License posted	<input checked="" type="checkbox"/> 18. (e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 18. (e)(3) Menus posted	<input checked="" type="checkbox"/> 18. (e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 18. (e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> 18. (e)(6) Developmental Milestones posted
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	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	-	-	-

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

PROGRAM NAME Jencho Partnerships AS	LICENSE NUMBER pending	DATE OF INSPECTION 1/21/25
RECORD KEEPING 19a-79-5 <i>Program</i>	PHYSICAL PLANT 19a-79-7a cont.	

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

HEALTH and SAFETY 19a-79-6a

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

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>6/18/24</u>
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69. (c)(5)(A)	WATER SUPPLY - Public/Well (Schools N/A)
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>12/3/24</u>
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u> </u> (N/A)
<input checked="" type="checkbox"/> 70. (c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>Lead identified in so. 1</u>
<input checked="" type="checkbox"/> 71. (d)(1)	Lead Management Plan <u>12 mo</u>
	Emergency vehicle access

<input checked="" type="checkbox"/> 72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82. (d)(10)(A)	TOILETING
<input checked="" type="checkbox"/> (d)(10)(B)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(C)	Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:16 (Schl age only)
<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> (d)(10)(F)	Handwashing staff/children
<input checked="" type="checkbox"/> (d)(10)(G)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> (d)(10)(H)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(11)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 83. (e)(1)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84. (e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 85. (e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 86. (e)(3)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 87. (e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 88. (e)(5)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 89. (e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 90. (e)(6)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 91. (e)(7)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> 92. (e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 93. (e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 94. (e)(8)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)	LIGHTING
<input checked="" type="checkbox"/> (e)(10)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(11)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(12)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(13)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(14-15)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (e)(16)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(17)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 100. (e)(18)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 101. (f)(1)(A)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 102. (g)(1)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> 103. (g)(2)	Radon test- Results: <u>.3</u> (Schl N/A)
<input checked="" type="checkbox"/> 104. (g)(3)	Results posted-Date: <u>12/6/24</u> (Schl N/A)
<input checked="" type="checkbox"/> 105. (g)(4)	Carbon monoxide detector-each level (N/A)
<input checked="" type="checkbox"/> 106. (g)(3)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 107. (g)(4)	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

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

PROGRAM NAME Jenicho Partnership AS	LICENSE NUMBER pending	DATE OF INSPECTION 1/21/25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
<p><input checked="" type="checkbox"/> 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls</p> <p><input checked="" type="checkbox"/> 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around</p> <p><input checked="" type="checkbox"/> 110. (j) No weapons/no facsimile of a firearm</p> <p><input checked="" type="checkbox"/> 111. <u>OUTDOOR SPACE</u></p> <p><input checked="" type="checkbox"/> (h)(1) Adequate space- 75 sq. ft. per child</p> <p><input checked="" type="checkbox"/> (h)(2) Shock absorbing surfaces-minimum 8"</p> <p><input checked="" type="checkbox"/> (h)(3) Playground free from hazards</p> <p><input checked="" type="checkbox"/> (h)(4) Nuts, bolts, screws-tight, covered/protected</p> <p><input checked="" type="checkbox"/> (h)(5) Outside equipment anchored-anchors buried</p> <p><input checked="" type="checkbox"/> (h)(6) New equip- cert playg. Inspection upon request</p> <p><input checked="" type="checkbox"/> (h)(8) Drinking water available/accessible</p> <p><input checked="" type="checkbox"/> (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous</p> <p><input checked="" type="checkbox"/> 112. <u>OUTDOOR PROTECTED/FENCING</u></p> <p><input checked="" type="checkbox"/> (h)(7) Playground protected from traffic, water, gullies or other hazards</p> <p><input checked="" type="checkbox"/> 113. <input checked="" type="checkbox"/> (h)(7)(A) Fences installed to protect from hazards-4 ft</p> <p><input checked="" type="checkbox"/> (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks</p> <p><input checked="" type="checkbox"/> (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)</p> <p><input checked="" type="checkbox"/> 114. <u>WATER HAZARDS</u></p> <p><input checked="" type="checkbox"/> (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)</p> <p><input checked="" type="checkbox"/> (i) Wading pools prohibited</p> <p><input checked="" type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)</p>	<p><input checked="" type="checkbox"/> 129. <input type="checkbox"/> (f)(1)</p> <p><input checked="" type="checkbox"/> 130. <input type="checkbox"/> (f)(2)</p> <p><input type="checkbox"/> (f)(3)</p> <p><input type="checkbox"/> (f)(4)</p> <p><input type="checkbox"/> (g)(1)</p> <p><input type="checkbox"/> (g)(1)</p> <p><input type="checkbox"/> (g)(1)</p> <p><input type="checkbox"/> (g)(2)</p> <p><input type="checkbox"/> (g)(3)</p> <p><input type="checkbox"/> (g)(4)</p> <p><input type="checkbox"/> (g)(5)</p> <p><input type="checkbox"/> (g)(6)</p> <p><input type="checkbox"/> (g)(7)</p> <p><input type="checkbox"/> (g)(8)</p> <p><input type="checkbox"/> 131. (h)(1)</p> <p><input type="checkbox"/> 132. (h)(1)</p> <p><input type="checkbox"/> 133. (h)(2)</p> <p><input type="checkbox"/> 134. (h)(2)</p> <p><input type="checkbox"/> 135. (i)(1)(2A-C)</p> <p><input type="checkbox"/> 136. <input type="checkbox"/> (j)</p> <p><input type="checkbox"/> (k)(1)</p> <p><input type="checkbox"/> (k)(2)</p> <p><input type="checkbox"/> (k)(3)</p> <p><input type="checkbox"/> (k)(4)</p> <p><input type="checkbox"/> (k)(5)</p> <p><input type="checkbox"/> 137. (l)(1)</p> <p><input type="checkbox"/> 138. (l)(2)</p> <p><input type="checkbox"/> 139. (l)(3)</p>

EDUCATIONAL REQUIREMENTS 19a-79-8a	LINENS/CLOTHING
<p><input checked="" type="checkbox"/> 115. (a) Written daily/weekly educational plan-developmentally appropriate</p> <p><input checked="" type="checkbox"/> 116. (a) <u>EDUCATIONAL REQUIREMENTS</u></p> <p><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</p> <p><input checked="" type="checkbox"/> (b) Limited access to screen time/video games</p>	<p><u>SAFE SLEEP</u></p> <p>Under 12 mths placed on back for sleeping</p> <p>Crib-snug fitting mattress/tightly fitted sheet</p> <p>Alternate sleep position/equipment-medical documentation for medical reason on file</p> <p>Infants allowed to adopt other sleep positions</p> <p>No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles</p> <p>No unapproved sleeping-car seats/swings/beds, etc.</p> <p>No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes</p> <p>Observe/assess infants at least every 15 minutes</p> <p>Teething necklaces/bracelets, jewelry inaccessible</p> <p>Safe sleep policies posted/parents informed</p> <p>Infant toys-separate/washed/sanitized daily</p> <p>Toddler toys-washed/sanitized weekly</p> <p>No toys/objects less than 1 1/4" diameter</p> <p>Plastic bags/balloons/styrofoam inaccessible unless under direct supervision</p> <p>Health consultant visits/documentation</p> <p><u>FEEDING</u></p> <p>Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle</p> <p>Written feeding schedule from parent-updated</p> <p>Unused formula/milk discarded after feedings</p> <p>Clean bottles/disposable bottles/appvd washing</p> <p>Baby food served from dish or whole jar</p> <p>Bottles labeled with child's name</p> <p>Outdoor spaced fenced-4 ft lic. after 1/1/25</p> <p>Outdoor equipment-developmentally appropriate for ages of the children</p> <p>Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety</p>

UNDER THREE ENDORSEMENT 19a-79-10 Y/N	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N
<p><input type="checkbox"/> 117. (b) Approved Under 3 Endorsement</p> <p><input type="checkbox"/> 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)</p> <p><input type="checkbox"/> 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)</p> <p><input type="checkbox"/> 120. (c)(4) Physical barriers- indoors/outdoors</p> <p><input type="checkbox"/> 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep</p> <p><input type="checkbox"/> 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)</p> <p><input type="checkbox"/> 123. (d)(2)(B) Washable cots</p> <p><input type="checkbox"/> 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray</p> <p><input type="checkbox"/> 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment</p> <p><input type="checkbox"/> 126. (d)(2)(E) Refrigerator and food prep facilities</p> <p><input type="checkbox"/> 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free</p> <p><input type="checkbox"/> 128. <u>DIAPERING</u></p> <p><input type="checkbox"/> (e)(1) Diaper area: elevated/sturdy/safety rail</p> <p><input type="checkbox"/> (e)(2) Diaper area: used only for this purpose, located in the program area</p> <p><input type="checkbox"/> (e)(3) Diaper area: non-porous surface/good repair</p> <p><input type="checkbox"/> (e)(4) Diaper area: washed/disinfected after use</p> <p><input type="checkbox"/> (e)(5) Diaper area: disposable paper sheets</p> <p><input type="checkbox"/> (e)(6)(9) Covered waste receptacle-removed daily</p> <p><input type="checkbox"/> (e)(7) Handwashing-staff/children</p> <p><input type="checkbox"/> (e)(8) Diapering-Handwashing policies-posted/followed</p> <p><input type="checkbox"/> (e)(10)(A-C) Cloth diapers-written plan developed</p>	<p><input checked="" type="checkbox"/> 140. (b) Approved Schl Age Endorsement</p> <p><input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> (c) <u>SCHEDULE - ACTIVITIES</u></p> <p><input checked="" type="checkbox"/> 142. <input checked="" type="checkbox"/> (c)(1) Written daily program plan-flexible schedule-available to staff/parents</p> <p><input checked="" type="checkbox"/> (c)(2) Activities not a duplication of child's day</p> <p><input checked="" type="checkbox"/> (c)(3) Activities include cognitive, physical, social, emotional needs of the children</p> <p><input checked="" type="checkbox"/> (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events</p> <p><input type="checkbox"/> 143. (d) Ratio- 1:15</p> <p><input type="checkbox"/> 144. (e) Group size- max. 30</p> <p><input type="checkbox"/> 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent</p> <p><input checked="" type="checkbox"/> 146. (g) Head teacher approved- 60%</p>

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION FORM - page 4

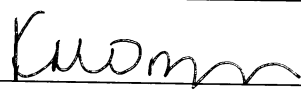
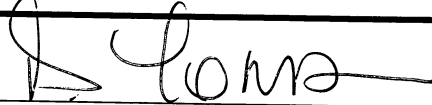
PROGRAM NAME	Kicho Partnerships AS Prty.	LICENSE NUMBER	Pending	DATE OF INSPECTION	1/21/25
NIGHT CARE ENDORSEMENT 19a-79-12 (19pa-5aa) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N				

<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"/> (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"/> (b)(6)(A)	Sleeping apparel/toiletries labeled				Equipment provided by parents
		<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment labeled and inaccessible
		<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>	175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
		<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
		<input type="checkbox"/> (b)(7)	Sleep arrangements for infants				Written authorization from parent
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input type="checkbox"/>	177.	(e)(1)	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 checked="" type="checkbox"/>	178.	(e)(2)	
<input type="checkbox"/>	156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/>	179.	(e)(3)	

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	N/A
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes					
<input checked="" type="checkbox"/>	159.		<u>NONPRESC. TOPICAL MEDICATION</u>					
		<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors					
		<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage					
		<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned					
<input type="checkbox"/>	160.		<u>MEDICATION TRAINING</u>					
		<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant					
		<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication					
		<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication					
		<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector					
		<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates					
		<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file					
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission					
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification					
<input 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

DISCUSSIONS - COMMENTS

SIGNATURE OF OEC STAFF			SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Krien Morgan	Dotsy Torres	PRINTED NAME

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jenico partnership AS License # pending Date: 1/21/25
program

Observations/Corrections needed:

Cafe:

$$29.26 \times 20.84 - (6.797 \times 1.109) - (10.42 \times 2.434) - ((15.32 \times 1.647) \times 2) \\ = 578.49 \div 35 = 16.53 \quad \boxed{OK 16}$$

Library:

$$30.912 \times 19.682 = 608.41 \div 35 = 17.38 \quad \boxed{OK 17}$$

Art room:

$$20.863 \times 19.547 = 408.23 \div 35 = 11.66 \quad \boxed{OK 11}$$

Game room:

$$21.266 \times 22.320 = 474.66 \div 35 = 13.56 \quad \boxed{OK 13}$$

room 6:

$$16.411 \times 14.439 - (5.407 \times 2.625) + (10.791 \times 4.149) = 275.05 \div 35 = 7.86 \quad \boxed{OK 7}$$

room 5:

$$20.046 \times 14.222 + (3.478 \times 5.351) - (5.407 \times 2.625) = 289.51 \div 35 = 8.27 \quad \boxed{OK 8}$$

room 4:

$$15.489 \times 18.520 - (5.407 \times 2.625) + (3.63 \times 5.367) = 292.15 \div 35 = 8.35 \quad \boxed{OK 8}$$

room 3:

$$14.213 \times 17.615 - (2.047 \times 3.914) = 242.35 \div 35 = 6.92 \quad \boxed{OK 6}$$

room 2:

$$15.039 \times 17.569 + (4.528 \times 6.253) - (5.407 \times 2.625) = 278.34 \div 35 = 7.95 \quad \boxed{OK 7}$$

room 1:

$$17.546 \times 15.010 - (5.407 \times 2.625) = 249.18 \div 35 = 7.12 \quad \boxed{OK 7}$$

Playground: $40 \times 40 = 1600 \div 75 = 21.33 \quad \boxed{OK 21}$

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

total capacity:
toilets: 19 sinks: 12 100

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

Signature: Kwame Kwasi 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 License # pending Date: 1/21/25
AS program

Observations/Corrections needed:

21 - Current background checks not observed for all staff.

11 - policies incomplete (checklist left).

37 - Signed emergency permissions not observed.

Authorized release not observed.

160 - Medication administration certificates incomplete.

discussed:

- Vegetation along back fence to be cut back when weather allows

- back gate to be closed prior to children using the playground.

- Care plans need staff signatures.

- All items checked were either discussed or in compliance.

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

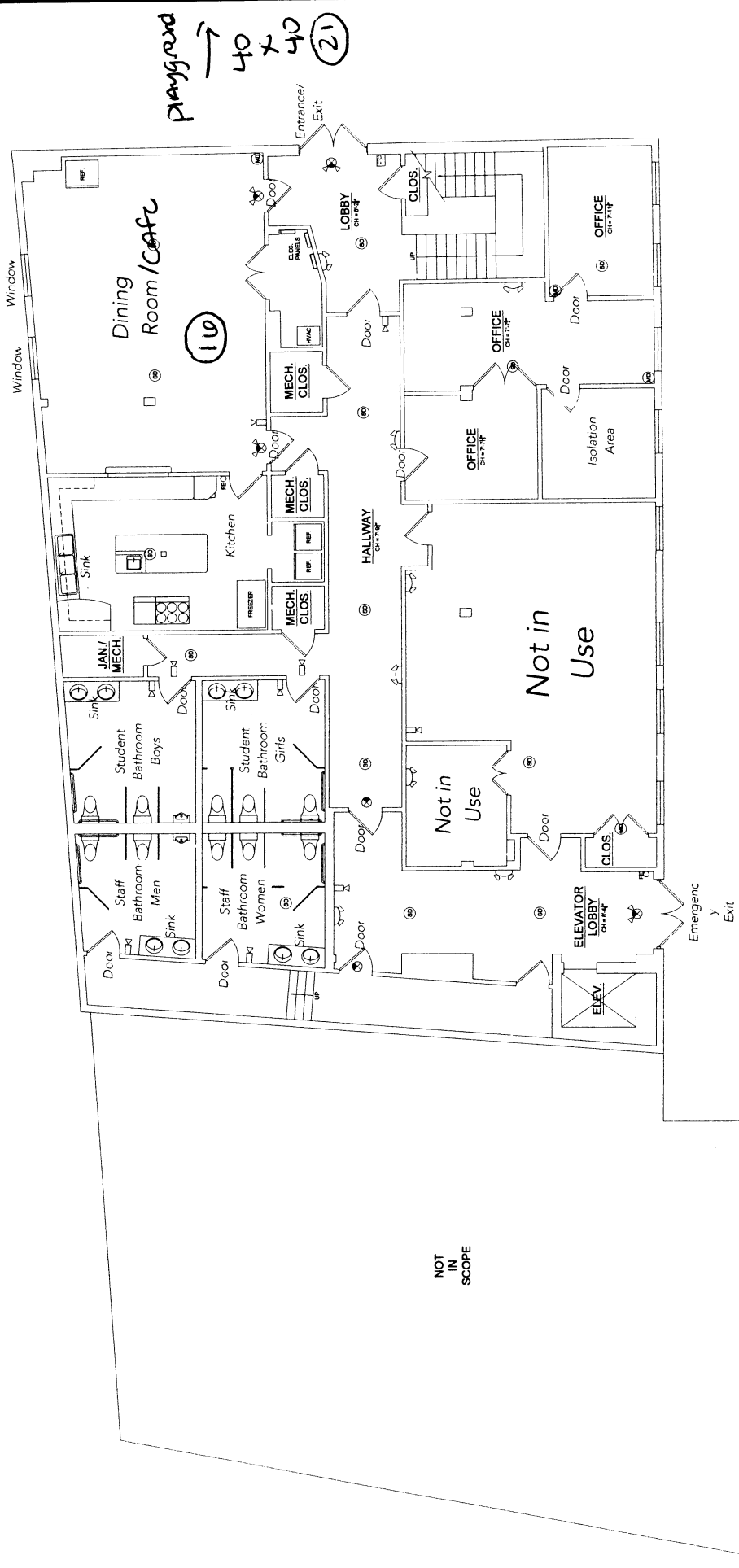
Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Kharon Krisi
(OEC Representative) Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: prior to license



Playground
 40 x 40
 (21)

(10)

(21)

NOT IN SCOPE

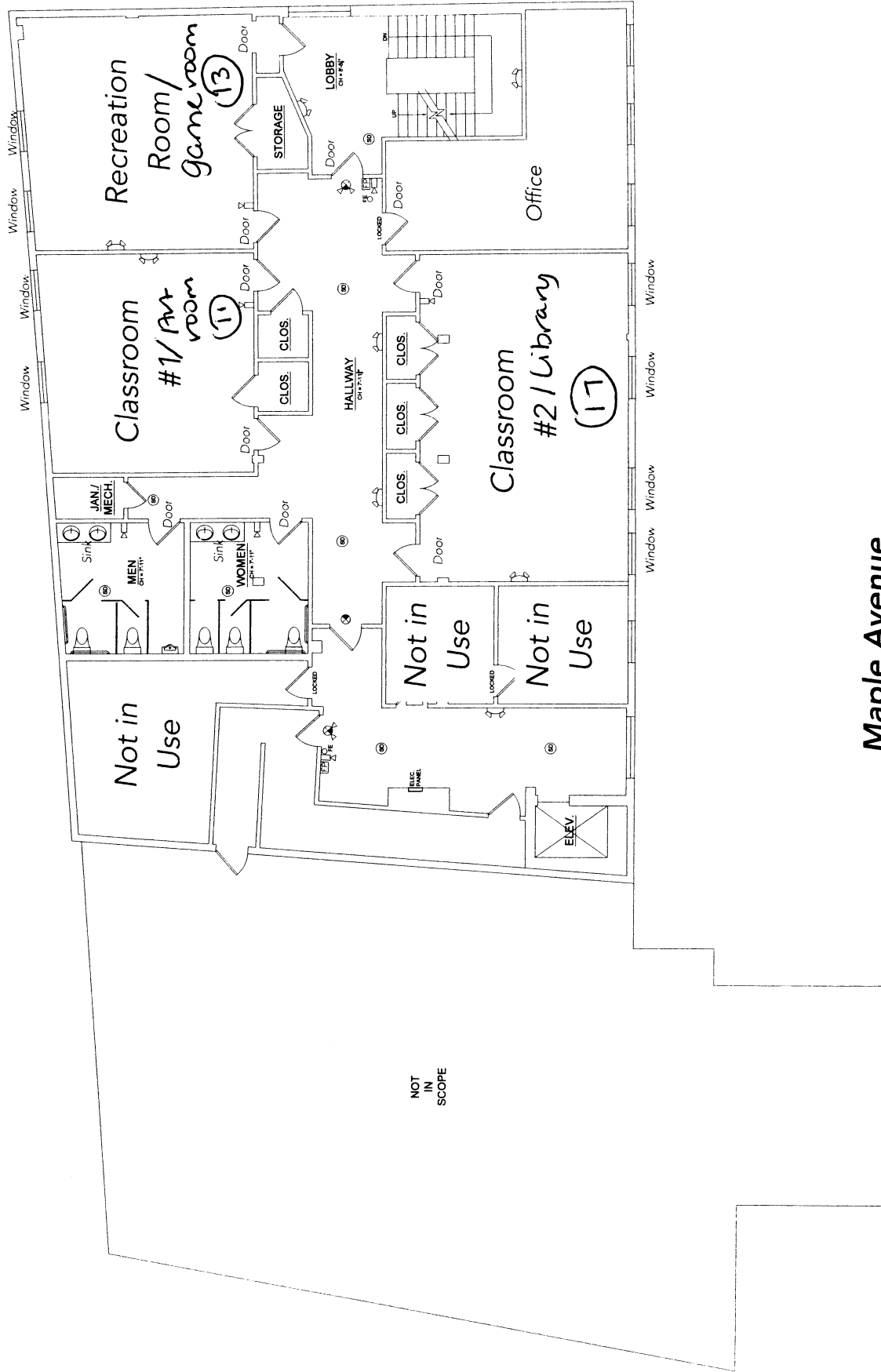
Maple Avenue
 FIRST FLOOR PLAN
 SCALE: 1/4"=1'-0"

As of 1/21/25

Jericho Partnership
 After School Learning program -
 Maple Ave.

Total Capacity: 100

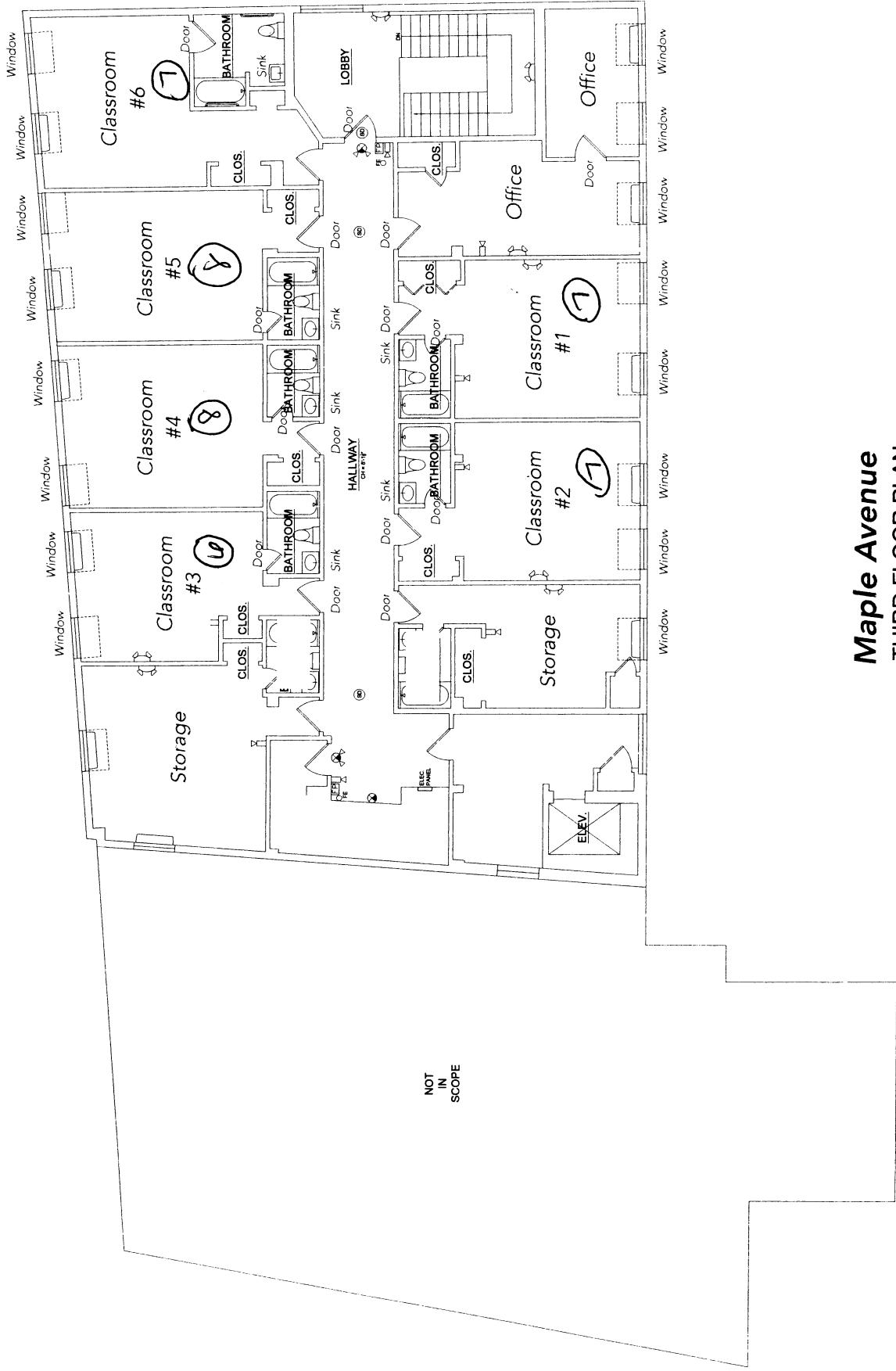
toilets: 19
 Sinks: 14



Maple Avenue

SECOND FLOOR PLAN

SCALE: 1/4"=1'-0"



Maple Avenue
THIRD FLOOR PLAN
 SCALE: 1/4"=1'-0"