



**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:	Great Beginnings Montessori School	Date of Inspection:	1-22-25	Time of Arrival:	9:40am
Address:	148 Beach Rd	License Number:	14475	Expiration Date:	3-31-29
Town:	Fairfield	Telephone Number:	203 254-8208	Summer Care:	Closed
Operator:	Great Beginnings Montessori School Inc	# of Staff Present:	13	# over 3 Present:	62
Email:	Karen@greatmontessori.com	Total Capacity:	79	Total Under 3 capacity:	12
Designated Director:	Karen Cosanelli	Hours/Days of Operation:	M-F 8:45am - 5:30pm		

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

1. (c)(8) Local Health Inspection-Date: 10-24-24

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

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

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

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

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

PROGRAM NAME	Great Beginnings Montessori School	LICENSE NUMBER	14425	DATE OF INSPECTION	1-22-25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		PARENT PERMISSIONS
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
<input type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days

<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
<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.		TOILETING

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>N/A</u>
<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.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	60.	<input checked="" type="checkbox"/> (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.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

<input checked="" type="checkbox"/>	83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	84.	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	85.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	86.	(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	87.	(d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	88.	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	89.	(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	90.	(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	91.	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	92.	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	93.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	94.	(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/>	95.	(e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	96.	(e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	97.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	98.	(e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	99.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	100.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	101.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	102.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	103.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	104.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	105.	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	106.	(e)(8)	LIGHTING
<input checked="" type="checkbox"/>	107.	(e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	108.	(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>	109.	(e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	110.	(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	111.	(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>	112.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	113.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	114.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	115.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	116.	(e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	117.	(e)(17)	Radon test- Results: <u>1.6</u> N/A
<input checked="" type="checkbox"/>	118.	(e)(18)	Results posted-Date: <u>11-25-23</u> (Schls-N/A)
<input checked="" type="checkbox"/>	119.	(f)(1)(A)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	120.	(g)(1)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	121.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	122.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	123.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	124.	(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>D1820</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.		WATER SUPPLY -Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>8-4-24</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u>N/A</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		LEAD PAINT -
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: <u>Y/N</u> Results <u>12BP</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u>2x a year</u>
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/>	95.	(e)(11)	
<input checked="" type="checkbox"/>	96.	(e)(11)	
<input checked="" type="checkbox"/>	97.	(e)(12)	
<input checked="" type="checkbox"/>	98.	(e)(13)	
<input checked="" type="checkbox"/>	99.	(e)(14-15)	
<input checked="" type="checkbox"/>	100.	(e)(16)	
<input checked="" type="checkbox"/>	101.	(e)(17)	
<input checked="" type="checkbox"/>	102.	(e)(18)	
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	
<input checked="" type="checkbox"/>	104.	(g)(1)	
<input checked="" type="checkbox"/>	105.	(g)(2)	
<input checked="" type="checkbox"/>	106.	(g)(3)	
<input checked="" type="checkbox"/>	107.	(g)(4)	

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

PROGRAM NAME <i>Great Beginnings Montessori</i>		LICENSE NUMBER <i>14425</i>	DATE OF INSPECTION <i>1-22-25</i>
PHYSICAL PLANT 19a-79-7a cont. <i>School</i>		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"/> (h)(7)(C) Rooftop play areas-6 ft. wall/barrier <input checked="" type="checkbox"/> 114. <u>WATER HAZARDS</u> <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 checked="" type="checkbox"/> 129. <u>LINENS/CLOTHING</u> <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. <u>SAFE SLEEP</u> <input checked="" type="checkbox"/> (g)(1) Under 12 mths placed on back for sleeping <input checked="" type="checkbox"/> (g)(1) Crib-snug 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 ¼ " 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. <u>FEEDING</u> <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 <input checked="" type="checkbox"/> 137. (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25 <input checked="" type="checkbox"/> 138. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children <input checked="" type="checkbox"/> 139. (l)(3) Shock ab materials less than 1 ¼ "-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	<input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.		
UNDER THREE ENDORSEMENT 19a-79-10 <i>Y/N</i>		SCHOOL AGE ENDORSEMENT 19a-79-11 <i>Y/N</i>	
<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. <u>DIAPERING</u> <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	<input checked="" type="checkbox"/> 140. (b) Approved Schl Age Endorsement <input checked="" type="checkbox"/> 141. <u>SCHEDULE - ACTIVITIES</u> <input checked="" type="checkbox"/> (c) Written daily program plan-flexible schedule-available to staff/parents <input checked="" type="checkbox"/> 142. <input checked="" type="checkbox"/> (c)(1) Activities not a duplication of child's day <input checked="" type="checkbox"/> (c)(2) Activities include cognitive, physical, social, emotional needs of the children <input checked="" type="checkbox"/> (c)(3) 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 checked="" type="checkbox"/> 146. (g) Head teacher approved- 60% <i>NA</i>		

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

PROGRAM NAME	Great Beginnings Montessori School	LICENSE NUMBER	14475	DATE OF INSPECTION	1-22-25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.	(b)(1)(A)	STAFF TRAINING
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities			(b)(1)(B)	Staff training – first aid
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation			(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			(b)(2)	Training updated at least every 3 years
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available			(b)(3)	Written documentation of training
<input type="checkbox"/>	153.		SLEEP PROVISIONS			(c)(2)	Trained staff on site when child is present
<input checked="" 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 checked="" type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>		(b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" 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 checked="" type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input checked="" 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
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION				
		(a)(2)	Admin/Parent permission/report errors				
		(a)(3)(A-B)	Labeling and Storage				
		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING				
		(b)(1)(A/C)	Medication training-general-oral/top/inhalant				
		(b)(1)(D)	Injectable premeasured autoinjector medication				
		(b)(1)(E)	Rectal medication				
		(b)(1)(F)	Injectable other than premeasured auto-injector				
		(b)(2)(A-B)	Training approval documents/certificates				
		(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 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	Cathy Anderson	PRINTED NAME	Karen Corsanelli

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: 2-5-25 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: Great Beginnings Montessori School License # 14425 Date: 1-22-25

Observations/Corrections needed:

- Regulation not in compliance when:
- 21-2 staff working with children who need a background check on the BCIS roster.
- 38-2 out of 10 child health records have the chronic illness section not complete
- 39-8 out of 10 child files are missing documentation of flu vaccine
- 40-1 care plan not signed by parent and 1 child with a chronic illness without a care plan on site.
- 31- not all hours are covered by a ^{CPR} Certified Staff
- 166-1 Epi-pen on site is expired (10/2024)

Discussed:

- New Regulations
- 1 out of 10 child files do not have Emergency permission
- 1 microwave has rust on the inside

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

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

Signature: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 2-5-25

Signature: Karen Casarelli
(Person in Charge)
Print Name: Karen Casarelli