

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:	Birch Mountain Day School	Date of Inspection:	1-17-25	Time of Arrival:	7:20 am
Address:	645 Birch Mountain Rd	License Number:	70705	Expiration Date:	6-30-27
Town:	Manchester	Telephone Number:	860-649-2069	Summer Care:	Open
Operator:	Birch Mountain School, INC	# of Staff Present:	2	# over 3 Present:	2
Email:	ryanorsini2016@gmail.com	Total Capacity:	74	Total Under 3 capacity:	21
Designated Director:	Ryan Orsini	Hours/Days of Operation:	M-F 7am-6pm		

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.

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 12-5-23	<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"/> 28. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 29. (d)(4)(D)	Mixed age group-ratios																				
		Nap time ratio																				
		Supervision-Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 30. (d)(5)	GROUP SIZE																				
	<input checked="" type="checkbox"/> 31. (e)(1)	Group Size-Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 32. (f)(1)	Group Size-school age field trips/outdoors																				
	<input checked="" type="checkbox"/> 33. (f)(2)	Mixed age group-group size																				
		Designated director-training																				
	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	CPR certified program staff																				
	<input checked="" type="checkbox"/> 35. (4)(C)(i)	First aid certified program staff																				
	<input checked="" type="checkbox"/> 36. (e)(6)	PROFESSIONAL DEVELOPMENT																				
	<input checked="" type="checkbox"/> 37. (e)(6)	Documentation																				
		Health & Safety training																				
	<input checked="" type="checkbox"/> 38. (i)(1)(A)-(D)	1% annual hours																				
	<input checked="" type="checkbox"/> 39. (i)	SWIMMING ACTIVITIES - Y/N																				
	<input checked="" type="checkbox"/> 40. (i)(2)(A-H)	Swimming-Ratios																				
	<input checked="" type="checkbox"/> 41. (F)	Non-swimmers identified																				
	<input checked="" type="checkbox"/> 42. (i)(2)	CPR certified staff-age 20 or older																				
	<input checked="" type="checkbox"/> 43. (H)(i)-(I)(i)	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																				
		<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td align="center">✓</td> <td align="center">✓</td> <td></td> </tr> <tr> <td>Health</td> <td align="center">✓</td> <td align="center">✓</td> <td align="center">✓</td> </tr> <tr> <td>Soc. Serv.</td> <td align="center">N/A</td> <td align="center">N/A</td> <td></td> </tr> <tr> <td>Dietitian</td> <td align="center">N/A</td> <td align="center">N/A</td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	✓	✓		Health	✓	✓	✓	Soc. Serv.	N/A	N/A		Dietitian	N/A	N/A	
	Contracts	Logs	Visits																			
Education	✓	✓																				
Health	✓	✓	✓																			
Soc. Serv.	N/A	N/A																				
Dietitian	N/A	N/A																				

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

PROGRAM NAME	Birch Mountain Day School	LICENSE NUMBER	70707	DATE OF INSPECTION	1-17-25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37. <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C) <input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76. <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> 80. <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.	(d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) (d)(8) (d)(8) (d)(9) <input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(D) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)	Walkways maintained Windows protected to prevent falls Window screens (Schl age only- N/A) Glass and mirrors protected to 36" Overhead doors-locking devices, spring protectors Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 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 AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) Air temp <65°F comfortable (Schl age only-N/A) Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60 °F - 120 °F Portable space heaters prohibited Walls/ceilings/floors/rugs-clean/good repair Rugs- not tripping/slipping hazard Hot water/Steam pipes protected Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials - labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Prevention of vermin-openings screened Radon test- Results: <u>1.0</u> N/A Results posted-Date: <u>3-13-96</u> (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials
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HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57. <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59. <input checked="" type="checkbox"/> 60. <input checked="" type="checkbox"/> 61.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1) (b)(2) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	Preparation, transportation of food-follow DPH Model Food Code <u>N/A</u> Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection <u>N/A</u> Kitchen-clean, safe storage of food/supplies Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (Schl age only N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <input checked="" type="checkbox"/> FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 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"/> FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 85. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 89. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 92. <input checked="" type="checkbox"/> 93. <input checked="" type="checkbox"/> 94.
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PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65. <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69. <input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> 70. <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D) <input checked="" type="checkbox"/> 71.	(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) <input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D) (d)(1)	Fire marshal codes/certificate <u>9-22-23</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program established Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) <u>(N/A)</u> Testing of premises/grounds for chemicals WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>10-11-24</u> Bact./Chem Test-Date: <u>N/A</u> Drinking water available/accessible LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan <u>NA</u> _____ Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.
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PROGRAM NAME	Birch Mountain Day School	LICENSE NUMBER	70707	DATE OF INSPECTION	1-17-25
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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
		OUTDOOR PROTECTED/FENCING
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
<input checked="" type="checkbox"/> 114.		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
	<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-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"/> (h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 132.	<input checked="" type="checkbox"/> (h)(1)	No toys/objects less than 1 1/4 " diameter
<input checked="" type="checkbox"/> 133.	<input checked="" type="checkbox"/> (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> 134.	<input checked="" type="checkbox"/> (h)(2)	Health consultant visits/documentation
<input checked="" type="checkbox"/> 135.	<input checked="" type="checkbox"/> (i)(1)(2A-C)	FEEDING
<input checked="" type="checkbox"/> 136.	<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.	<input checked="" type="checkbox"/> (l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (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 checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
	<input 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%

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

PROGRAM NAME	Birch Mountain Day School 1	LICENSE NUMBER	70707	DATE OF INSPECTION	1-17-25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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.		STAFF TRAINING
<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 checked="" type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation			<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" 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.		SLEEP PROVISIONS			<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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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 type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION				
		<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.		MEDICATION TRAINING				
		<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 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 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

Post updated complaint procedure
 Ensure parent work information is complete
 Adult music in infant room

SIGNATURE OF OEC STAFF			SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Dianna Wassenhove	Ryan Orsini	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: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 1-31-25
	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Birch Mountain Day School License # 10707 Date: 1-17-25

Observations/Corrections needed:

- #5 - Documentation not accessible to review
- #11 (d)(2)(B) - Incomplete child protection policy,
(d)(6)(c) - No policy for Administrative oversight. (See Checklist)
- #21 - Five staff working with children when status is Needs BC
- #31 - No CPR Trained staff closing
- #32 No First Aid trained staff closing
- #33 (a)(2) - Documentation of professional development not accessible
(b)(1) - Three staff have not completed Health & safety training
(b)(2) - Documentation not accessible
- #35 (i) - Health consultant contract not complete
(F) - No education log completed
- #40 - Three medications with no care plans.
- #41 - Reports do not contain complete information
- #42 - Parents not informed of illness, injury, ^{PW} report in timely manner.
- #53 - Observed eleven water bottles not labeled
- #54 - Door leading to kitchen open through inspection.
- #62 - Fire marshal Certificate - expired
- #66 - Observed plastic around preschool sink cracked, hole in preschool wall, flooring separating in hallway, dirty vent (ceiling), bottle warmer not secured

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: D. Wassenhove

(OEC Representative)

Dianna Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)OEC BY: 1-31-25

Ryan Orsini

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Birds Mountain Day School License # 70707 Date: 1-17-25Observations/Corrections needed:

- #91 - observed x-mas lights not secured in preschool, refrigerator cord not secured in toddler room.
- #99 - Rug in toddler room is rippled.
- #95 - observed bleach and other chemicals within reach in preschool closet, Gorilla Glue within reach on window ledge.
- ~~#101 - Radon test~~
- #104 - Observed Toddler cubby not secured to wall, preschool floor not cleaned when observed small debris paper on floor before room was open to children.
- #111 (h)(3) observed tiles in under 3 play area at different levels tripping hazard. (h)(4) observed protruding bolts on preschool climber task board.
- #115 - No lesson plans posted in any room.
- #116 - (i)-(ii) not all activities listed - see checklist.
- #128 (e)(8) No handwashing policy posted in infant room, no diaper procedure posted in toddlers.
- #130 - (g)(6) - Infant sleep checks not being conducted every 15 minutes. (g)(8) - No sleep policies posted or documentation of parents informed.
- #136 (k)(i) Written feeding schedules not updated by parents.
- #161 - One medication on site with no doctor's order.
- #166 - Medication not returned to parent for child no longer enrolled.

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: Dianna Wassenhove
(OEC Representative)

Dianna Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Ryan Orsini
(Person in Charge)OEC BY: 1-31-25

Ryan Orsini

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Birch Mountain Day School License # 70707 Date: 1-17-25

Observations/Corrections needed:

New license to be issued to show correct capacity for program.

Current Capacity Room A = 12

Infants - 8 - Room C Room B = 10

Toddlers - 8 - Room D Room D = 31

Under 3 = (16) Over 3 = (53)

Total Capacity = 69

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: D. Wassenhove
(OEC Representative)

Print Name: Dianne Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 1-31-25

Print Name: Ryan Orsini