

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



**EARLY CARE CENTER AND GROUP CHILD CARE HOME
INSPECTION FORM**

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

First Pre Church Nur Sch and Creative @ FPC	Inspection Number: 128-25	Inspection Date: 3-20
1101 Bedford St	License Number: 13388	Expiration Date: 4.30.25
Stamford	Telephone Number: 2039658390	License Status: Closed
First Presbyterian Church	# of Staff Present: 8	# over 3 Present: 0
jmcreativelearning@gmail.com	Total Capacity: 75	Total Under 3 capacity: 0
Joanie McNeill	Hours/Days of Operation: M-F 3:30pm-6:30pm Sept-June	Ages Served: 5-12yrs

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: 8-29-23

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-79-3b

- 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
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. 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
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. PROFESSIONAL DEVELOPMENT
 - (a)(2) Documentation
 - (h)(1)(2) Health & Safety training
 - (h)(1)(2) 1% annual hours
- 33. 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
- 34. CONSULTANTS
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
 - (i) Consultant agreements-signed annually
 - (i)(2)(A-H) Agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health
- 35. (H)(i)-(I)(i)

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

PROGRAM NAME: FPCNS & CL @ FPC

LICENSE NUMBER: 13388

DATE OF INSPECTION: 1-28-25

RECORD KEEPING 19a-79-5

PHYSICAL PLANT 19a-79-7a cont.

<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 checked="" 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) <u>N/A</u>
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36" <u>N/A</u>
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors <u>N/A</u>
<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
<input checked="" type="checkbox"/>	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	(d)(10)(D)	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)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/>	(e)(1)	Air temp 65 °F at 3 ft - non-mercury thermometer affixed to wall (Schl age only) <u>N/A</u>
<input checked="" type="checkbox"/>	(e)(2)	Air temp <65°F comfortable (Schl age only) <u>N/A</u>
<input checked="" type="checkbox"/>	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(4)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/>	(e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	(e)(6)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	(e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	(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)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	(e)(10)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>	(e)(10)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	(e)(11)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(11)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(16)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	(e)(17)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	(e)(18)	Radon test- Results: <u>0.9</u> N/A
<input checked="" type="checkbox"/>	(f)(1)(A)	Results posted-Date: <u>4.10.09</u> (Schls-N/A)
<input checked="" type="checkbox"/>	(g)(1)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(g)(2)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>		Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>		Developmentally app equipment, materials

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 <u>N/A</u>
<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) <u>N/A</u>
<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't'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.		

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>2.29.24</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) <u>N/A</u>
<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"/>	(c)(5)(A)	Lead Water Test - Date: <u>5.11.23</u>
<input checked="" type="checkbox"/>	(c)(5)(B)	Bact./Chem Test-Date: <u>N/A</u>
<input checked="" type="checkbox"/>	(c)(5)(C)	Drinking water available/accessible <u>N/A</u>
<input checked="" type="checkbox"/> 70.		LEAD PAINT
<input checked="" type="checkbox"/>	(c)(6)(A)	Peeling Paint - <u>Y/N</u> Inside/Outside
<input checked="" type="checkbox"/>	(c)(6)(A)	Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u>
<input checked="" type="checkbox"/>	(c)(6)(B-D)	Results <u>Lead m plan</u>
<input checked="" type="checkbox"/>		Lead Management Plan <u>every 6 mths</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	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.		

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION

PROGRAM NAME: **FPCNS&CL@FPC**

LICENSE NUMBER: **13388**

DATE OF INSPECTION: **1/28/15**

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. OUTDOOR SPACE
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCING
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113. FENCES
 - (h)(7)(A) Fences installed to protect from hazards-4 ft
 - (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
 - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier
- 114. WATER HAZARDS
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible

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

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. EDUCATIONAL REQUIREMENTS
 - (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
 - (b) Limited access to screen time/video games

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

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. DIAPERING
 - (e)(1) Diaper area: elevated/sturdy/safety rail
 - (e)(2) Diaper area: used only for this purpose, located in the program area
 - (e)(3) Diaper area: non-porous surface/good repair
 - (e)(4) Diaper area: washed/disinfected after use
 - (e)(5) Diaper area: disposable paper sheets
 - (e)(6)(9) Covered waste receptacle-removed daily
 - (e)(7) Handwashing-staff/children
 - (e)(8) Diapering-Handwashing policies-posted/followed
 - (e)(10)(A-C) Cloth diapers-written plan developed

- 140. (b) Approved Schl Age Endorsement
- 141. SCHEDULE - ACTIVITIES
 - (c) Written daily program plan-flexible schedule-available to staff/parents
 - (c)(1) Activities not a duplication of child's day
 - (c)(2) Activities include cognitive, physical, social, emotional needs of the children
 - (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30
- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Head teacher approved- 60%

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

PROGRAM NAME FPC NS @ CL @ FPC	LICENSE NUMBER 13388	DATE OF INSPECTION 1-28-25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N**

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		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 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.		SLEEP PROVISIONS			<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 checked="" 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**

<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				
		<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 checked="" 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 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

Regulation not in compliance when...
 35 (1)(2)(A-H) Ed and Health contracts do not include all services required.
 (send copy)

Discussed
 - New Regulations

SIGNATURE OF OEC STAFF 	SIGNATURE OF PERSON IN CHARGE 	
PRINTED NAME Lori Mangano	PRINTED NAME Joanie Merrell	

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