

**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:	The Nest Shoreline Campus	Date of Inspection:	1/22/25	Time of Arrival:	8:06am
Address:	56 Stony Creek Rd	License Number:	pending	Expiration Date:	pending
Town:	Branford 06405	Telephone Number:	203-208-4429	Summer Care:	open
Operator:	Premier CT Branford LLC	# of Staff Present:	28	# over 3 Present:	14
Email:	sdenny@premierearlychildhood.com	Total Capacity:	pending	Total Under 3 capacity:	pending
Designated Director:	Ida Loomer	Hours/Days of Operation:	7:00am-6:00pm M-F		

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: 12/13/24	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
			<input type="checkbox"/> 21.	(b)	Comprehensive Background Checks
			<input 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.		RATIOS
			<input checked="" type="checkbox"/> 28.	(d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
			<input checked="" type="checkbox"/> 29.	(d)(4)(B)	Mixed age group-ratios
			<input checked="" type="checkbox"/> 30.	(d)(6)	Nap time ratio
			<input checked="" type="checkbox"/> 31.	(d)(4)(D)	Supervision-Indoors/Outdoors
			<input checked="" type="checkbox"/> 32.		GROUP SIZE
			<input checked="" type="checkbox"/> 33.	(d)(5)	Group Size-Indoors/Outdoors
			<input checked="" type="checkbox"/> 34.	(d)(5)(A)	Group Size-school age field trips/outdoors
			<input checked="" type="checkbox"/> 35.	(d)(5)(B)	Mixed age group-group size
				(e)(1)	Designated director-training
				(f)(1)	CPR certified program staff
				(f)(2)	First aid certified program staff
					PROFESSIONAL DEVELOPMENT
				(a)(2)	Documentation
				(h)(1)(2)	Health & Safety training
				(h)(1)(2)	1% annual hours
					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
					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
				(H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

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

PROGRAM NAME: The Nest Shoreline Campus LICENSE NUMBER: Pending DATE OF INSPECTION: 1/28/25

RECORD KEEPING 19a-79-5

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<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

PHYSICAL PLANT 19a-79-7a cont.

<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.		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 N/A)
<input checked="" type="checkbox"/> (e)(2)		Air temp < 65°F comfortable (Schl age only-N/A)
<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)(7)		Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> (e)(7)		Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(8)		LIGHTING
<input checked="" type="checkbox"/> (e)(9)		All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(9)		Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(9)		Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(10)		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>7.1/2.1/2.4</u> N/A
<input checked="" type="checkbox"/> (f)(1)(A)		Results posted-Date: <u>2.3-1.1</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)
		Air conditioners, water heaters, fuse boxes inaccessible
		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>12/13/24</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.	<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

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>12/6/24</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.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u>NP</u> N/A
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: <u>no lead identified</u>
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u>NA</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

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

PROGRAM NAME The Nest Shoreline Campus LICENSE NUMBER Pending DATE OF INSPECTION 1/22/25

PHYSICAL PLANT 19a-79-7a 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. (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 N/A

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 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
 - (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
 - (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
 - (l)(3) Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
- 137.
- 138.
- 139.

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) 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

- 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

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

- 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
- 142. (d) Ratio- 1:15
- 143. (e) Group size- max. 30
- 144. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 145. (g) Head teacher approved- 60%
- 146.

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

PROGRAM NAME	<i>The West Shoreline Campus</i>	LICENSE NUMBER	<i>pending</i>	DATE OF INSPECTION	<i>1/22/25</i>
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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. (b)(1)(A)	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)(B) (i)-(iii)	Staff training – first aid		
<input type="checkbox"/> 150. (b)(3) <i>NA</i>	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	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)(3)	Training updated at least every 3 years		
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training		
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(3)	Trained staff on site when child is present		
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (d)(1)	Self-administration - written authorization and under supervision of trained staff		
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(2)	Equipment provided by parents		
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)	Equipment labeled and inaccessible		
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)	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"/> 177. (e)(2)	Authorized prescriber written order		
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)	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. - <i>NA</i>	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		<i>N/A</i>

<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION	DISCUSSIONS - COMMENTS • All items checked off were either observed or discussed • New Regulations discussed • All staff must complete health + safety training by 4/1/25 any new staff hired to be completed within 3 months • Per DPH if playgrounds having digging of 6 inches must notify OEC and they will notify DPH SAFER program violations: Program not in compliance with • 69- lead water test not in compliance with new regs for All sinks required to be tested • 102- CO detector when upstairs detectors not verified for CO.	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage <i>N/A</i>		

SIGNATURE OF OEC STAFF	<i>Fil Montane/ Jen Schule</i>	SIGNATURE OF PERSON IN CHARGE	<i>Andrea Moose</i>
PRINTED NAME	<i>Fil Montane/ Jen Schule</i>	PRINTED NAME	<i>Andrea Moose</i>

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: <i>prior to approval</i>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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