

**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:	Green Farms Nursery School	Date of Inspection:	2-4-25	Time of Arrival:	9:40am
Address:	71 Hillandale Rd	License Number:	15957	Expiration Date:	11-30-25
Town:	Westport	Telephone Number:	203-227-9363	Summer Care:	Closed
Operator:	G-FNS INC	# of Staff Present:	14	# over 3 Present:	51
Email:	director@gfns.org	Total Capacity:	76	Total Under 3 capacity:	8
Designated Director:	Christina Murray	Hours/Days of Operation:	M-F 8:30am - 2:30pm		

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

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

1. (c)(8) Local Health Inspection-Date: 2-3-22

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

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- (d)(4)(D)
- 28.
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- (h)(1)(2)
- (h)(1)(2)
- 34. (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Evidence of compliance
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff

RATIOS
Ratio 1:10 – Indoors/Outdoors
Mixed age group-ratios
Nap time ratio
Supervision-Indoors/Outdoors

GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff

PROFESSIONAL DEVELOPMENT
Documentation
Health & Safety training
1% annual hours

SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
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

	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	Green Farms N.S. Nursery	LICENSE NUMBER	15957	DATE OF INSPECTION	2-4-25
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RECORD KEEPING 19a-79-5	School	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. (a)(1)(D)(i) 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	<input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained <input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls <input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only- N/A) <input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36" <input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed <input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding <input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds <input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) <input checked="" type="checkbox"/> 82. (d)(10)(A) TOILETING 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: 0.4 N/A Results posted-Date: 4-1-21 (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. (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 N/A <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 60. (c) FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <input checked="" type="checkbox"/> 61. (d) FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. (d)(11) <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 85. <input checked="" type="checkbox"/> 86. (e)(3) <input checked="" type="checkbox"/> 87. (e)(4) <input checked="" type="checkbox"/> 88. (e)(5) <input checked="" type="checkbox"/> 89. (e)(5) <input checked="" type="checkbox"/> 90. (e)(6) <input checked="" type="checkbox"/> 91. (e)(7) <input checked="" type="checkbox"/> 92. (e)(7) <input checked="" type="checkbox"/> 93. (e)(7) <input checked="" type="checkbox"/> 94. <input checked="" type="checkbox"/> 95. (e)(10) <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)
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PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 6-4-24 <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY – Public/Well (Schools-N/A) Lead Water Test – Date: 11-16-23 <input checked="" type="checkbox"/> (c)(5)(B) Bact./Chem Test-Date: N/A <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input checked="" type="checkbox"/> 70. (c)(6)(A) LEAD PAINT - Peeling Paint – Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: 1.68 <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan every 6 months <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.
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME Green Farms Nursery School **LICENSE NUMBER** 15957 **DATE OF INSPECTION** 2-4-25

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 play. 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 N/A

114. **WATER HAZARDS**

(i) Pools, swimming areas- N/A

(i) conforms to 19-13-B33b and 19a-36-B61

(i) Wading pools prohibited

(i) Hot tubs/spas/saunas-locked/inaccessible N/A

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. (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. (c) **SCHEDULE - ACTIVITIES**

142. (c)(1) Written daily program plan-flexible schedule-available to staff/parents

(c)(2) Activities not a duplication of child's day

(c)(3) Activities include cognitive, physical, social, emotional needs of the children

(d) 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 Green Farms Nursery School **LICENSE NUMBER** 15957 **DATE OF INSPECTION** 2-4-25

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)	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 type="checkbox"/> 173. (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input type="checkbox"/> 174. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 175. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 176. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 177. (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"/> 178. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 179. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft		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**

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions <u>N/A</u>
<input checked="" type="checkbox"/> 158. (9a)			

<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned	DISCUSSIONS - COMMENTS		
<input type="checkbox"/> (a)(3)(A-B)				
<input type="checkbox"/> (a)(3)(C)				
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)		MEDICATION TRAINING 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 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 <u>N/A</u>			

SIGNATURE OF OEC STAFF	<u>Cathy Anderson</u>	SIGNATURE OF PERSON IN CHARGE	<u>Christina McKay-D'Alisio</u>
PRINTED NAME	Cathy Anderson	PRINTED NAME	Christina McKay-D'Alisio

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: 2-18-25
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Green Forms Nursery School License # 15957 Date: 2-9-25

Observations/Corrections needed:

- * Policy Review Checklist provided during inspection highlighting change to the Child Care regulations, effective 10-16-24. Program must ensure policies are updated to reflect new requirements.
- * All checked items on pages 1-4 were either discussed or in compliance with this inspection.
- * Discussed new regulations

Regulation not in compliance when:

- #1 - local Health inspection is expired (expired on 2-3-24) (small copy)
- #28 - lower level - observed a child in hallway at his cubby without any sight from staff. The staff were in the classroom.
- #39 - 2 out of 10 child health records do not have documentation of flu vaccine.
- #113 - fence that faces the road has large gaps on the bottom in area (6"-9")
- #161 - 3 forms have the parent section not complete.
- #19 - 2 out of 8 staff health records are not complete (Physician section)
Physician

Discussed:

1 out of 10 child health records are expired

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

Signature: Christina M. DiChigam
(Person in Charge)

OEC BY: 2-18-25

Print Name: Christina M. DiChigam