

**CHILD CARE CENTER OR GROUP CHILD CARE HOME
INSPECTION FORM**

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

Location:	Mill River Park After School Program	Date of Inspection:	2-4-25	Time of Inspection:	2:25 pm
Address:	1040 Washington Blvd	License Number:	70725	Expiration Date:	8-31-27
City:	Stamford	Telephone Number:	203-989-0321	Inspection Status:	Closed
Operator:	Mill River Collaborative Inc	# of Staff Present:	7	# over 3 Present:	2
Contact:	tiffany@millriverpark.org	Total Capacity:	51	Total Under 3 capacity:	0
Inspector:	Tiffany Wilson	Hours of Operation:	20m-60m M-F 12-6 ED		

Inspection Cycle: N/A In Compliance In Compliance In Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-3a **STAFFING and CONSULTANTS 19a-79-3a cont.**

1. (c)(8) Local Health Inspection-Date: 4-21-23

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	POLICIES-COMplete/IMPLEMENTED
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)-C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	ACCESS
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	POSTINGS
<input checked="" type="checkbox"/> (e)(1)	License posted
<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> (e)(3)	Menus posted
<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

<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.	RATIOS
<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 28.	GROUP SIZE
<input checked="" type="checkbox"/> 29.	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(A)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(5)(B)	Designated director-training
<input checked="" type="checkbox"/> 30. (e)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 31. (f)(1)	First aid certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 33.	Documentation
<input checked="" type="checkbox"/> (a)(2)	Health & Safety training
<input checked="" type="checkbox"/> (h)(1)(2)	1% annual hours
<input checked="" type="checkbox"/> (h)(1)(2)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 34.	CONSULTANTS
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (i)	Consultant agreements-signed annually
<input checked="" type="checkbox"/> (i)(2)(A-H)	Agreements complete w/required services
<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	✓	✓	
Dietitian	NA	NA	

MRP ASE

LICENSE NUMBER 70725

INSPECTION 2.4.25

RECORD KEEPING 19a-79-7a

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	(a)(1)(D)(i)	PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Transportation permission
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Child Health Records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Immunization records
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Injury, illness, Incident, Accident reports
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 45.	(a)(4)	Notify DPH, local health-reportable diseases
		Video recordings- keep 30 days

<input checked="" type="checkbox"/> 72.	(d)(2)
<input checked="" type="checkbox"/> 73.	(d)(3)
<input checked="" type="checkbox"/> 74.	(d)(3)
<input checked="" type="checkbox"/> 75.	(d)(4)
<input checked="" type="checkbox"/> 76.	(d)(5)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)
<input checked="" type="checkbox"/> 78.	(d)(7)
<input checked="" type="checkbox"/> 79.	(d)(8)
<input checked="" type="checkbox"/> 80.	(d)(8)
<input checked="" type="checkbox"/> 81.	(d)(9)
<input checked="" type="checkbox"/> 82.	

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 N/A
 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)

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)(10)(A)
<input checked="" type="checkbox"/> 84.	(d)(10)(B)
	(d)(10)(C)
	(d)(10)(C)
	(d)(10)(D)
	(d)(10)(E)
	(d)(10)(E)
	(d)(10)(F)
<input checked="" type="checkbox"/> 85.	(d)(10)(G)
	(d)(10)(H)
	(d)(11)
	(e)(1)
<input checked="" type="checkbox"/> 86.	(e)(1)
<input checked="" type="checkbox"/> 87.	(e)(2)
<input checked="" type="checkbox"/> 88.	(e)(3)
<input checked="" type="checkbox"/> 89.	(e)(4)
<input checked="" type="checkbox"/> 90.	(e)(5)
<input checked="" type="checkbox"/> 91.	(e)(5)
<input checked="" type="checkbox"/> 92.	(e)(6)
<input checked="" type="checkbox"/> 93.	(e)(7)
<input checked="" type="checkbox"/> 94.	(e)(7)

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

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 2-22-24
<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)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 2.17.23 (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/> 71.	(d)(1)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y(N) Lead Test: Y(N) Results _____ Lead Management Plan _____ Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(8)
<input checked="" type="checkbox"/> 96.	(e)(9)
	(e)(9)
	(e)(9)
	(e)(10)
	(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)

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, container 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: 0.6 N/A
 Results posted-Date: 11.19.24 (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

CHILD CARE CENTER / CENTER OF CHILD CARE HOME INSPECTION FORM - page 3

PROGRAM NAME MRP MSP	LICENSE NUMBER 70725	DATE OF INSPECTION 2.4.25
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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 play. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCING
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
		(i)	WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/>	129.	(f)(1)	LINENS/CLOTHING
<input checked="" type="checkbox"/>		(f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/>		(f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/>		(f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>		(g)(1)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>	130.	(g)(1)	SAFE SLEEP
		(g)(1)	Under 12 mths placed on back for sleeping
		(g)(1)	Crib-slug 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
		(h)(1)	Infant toys-separate/washed/sanitized daily
	131.	(h)(1)	Toddler toys-washed/sanitized weekly
	132.	(h)(1)	No toys/objects less than 1 1/4" diameter
	133.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	134.	(h)(2)	Health consultant visits/documentation
	135.	(i)(1)(2A-C)	FEEDING
	136.	(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

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>		(b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 YN

<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)(A1-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
		(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 YN

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/>	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
		(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
		(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.	(f)	Head teacher approved- 60%
	146.	(g)	

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION

PROGRAM NAME MRR ASD	LICENSE NUMBER 70725	DATE OF INSPECTION 2.4.25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10 per Ann) 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)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4) N/A	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. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	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)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	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)(1)	Authorized prescriber written order
<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 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	N/A
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION		
<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) N/A	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution permission and storage		

DISCUSSIONS - COMMENTS

Regulation not in compliance when...
 (19)(a)(1) - 2 staff with incomplete health records. 1 missing exact date of physical and the other had 'yes' indicated for question 1 with no explanation.
 (2)(b) 2 staff working with children without complete background checks.
 (35)(i)(2)(A-H) Ed and health contract incomplete with services required. (sent copies)
 (b)(3)(A-B) - 1 child with incomplete parent section on authorization forms for epipen/Benadryl. Another child has no address and incomplete parent section epipen/Benadryl. 1 child with incomplete auth form for Albuterol. No prescriber signature.
 Discuss atleast maintain 2 years of paperwork on file. Current and last year New regulations

SIGNATURE OF OEC STAFF 	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME Lon Mangano	PRINTED NAME TIFFANY WILSON

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: 2.19.25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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