

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:	Valley Pre-School	Date of Inspection:	1-29-25	Time of Arrival:	9:45 am
Address:	219 North Granby Rd.	License Number:	12542	Expiration Date:	4/30/25
Town:	Granby 06053	Telephone Number:	860-653-3641	Summer Care:	closed
Operator:	Valley Preschool Inc.	# of Staff Present:	3	# over 3 Present:	12
Email:	vpsmanagingdirector@gmail.com	Total Capacity:	37	Total Under 3 capacity:	0
Designated Director:	Heather TDKarz	Hours/Days of Operation:	M-F 8:45-12:00 W 8:45-1:00		

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

✓ 1. (c)(8) Local Health Inspection-Date: 4/1/24

ADMINISTRATION 19a-79-3a

- | | |
|---|---|
| <p>✓ 2. (a) Ensuring health & safety of children</p> <p>✓ 3. (b) Overall management of program</p> <p>✓ 4. (b)(6) Employee orientation for new program staff</p> <p>✓ 5. (b)(6) Annual policy training for program staff</p> <p>✓ 6. (b)(7)(A) Child behavior management</p> <p>✓ 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques</p> <p>✓ 8. (b)(7)(C) Child Protection</p> <p>✓ 9. (b)(7)(E) Mandated Reporting</p> <p>✓ 10. (c)(1-4) Notification of Change</p> <p>✓ 11. <u>POLICIES-COMplete/IMPLEMENTED</u></p> <p>✓ 12. (d)(2)(A) Discipline policy ✓</p> <p>✓ 13. (d)(2)(B-C) Child Protection policy</p> <p>✓ 14. (d)(3) Closing time policy</p> <p>✓ 15. (d)(4)(A) Medical emergency policy</p> <p>✓ 16. (d)(4)(B) Multi-Hazards policy-annual drill ✓</p> <p>✓ 17. (d)(5) Supervision policy</p> <p>✓ 18. (d)(6) General Operating policies</p> <p>✓ 19. (d)(6)(C) Administrative Oversight policy ✓</p> <p>✓ 20. (d)(7) Personnel policies</p> <p>✓ 21. (d)(1) Daily attendance-children/staff- keep 1 yr.</p> <p>✓ 22. <u>ACCESS</u></p> <p>✓ 23. (f) Immediate access by parents</p> <p>✓ 24. (h) Immediate access by OEC-facility/records</p> <p>✓ 25. (l) 2.8 yr olds enrolled in preschool-authorization ✓</p> <p>✓ 26. (m) Motor vehicle laws-transportation</p> <p>✓ 27. (n) Capacity</p> <p>✓ 28. (o) Respond to OEC-no false, misleading statements or documents</p> <p>✓ 29. <u>POSTINGS</u></p> <p>✓ 30. (e)(1) License posted</p> <p>✓ 31. (e)(2) OEC Complaint Procedure posted</p> <p>✓ 32. (e)(3) Menus posted</p> <p>✓ 33. (e)(4) No Smoking posted signs at entrances</p> <p>✓ 34. (e)(5) OEC Inspection report posted or available</p> <p>✓ 35. (e)(6) Developmental Milestones posted</p> | <p>✓ 19. (a)(1)</p> <p>✓ 20. (a)(3)</p> <p>✓ 21. (b)</p> <p>✓ 22. (b)(4)</p> <p>✓ 23. (d)</p> <p>✓ 24. (d)(1)</p> <p>✓ 25. (d)(2)</p> <p>✓ 26. (d)(3)(A-C)</p> <p>✓ 27. (d)(4)(A)</p> <p>✓ 28. (d)(4)(B)</p> <p>✓ 29. (d)(6)</p> <p>✓ 30. (d)(4)(D)</p> <p>✓ 31. (d)(5)</p> <p>✓ 32. (d)(5)(A)</p> <p>✓ 33. (d)(5)(B)</p> <p>✓ 34. (e)(1)</p> <p>✓ 35. (f)(1)</p> <p>✓ 36. (f)(2)</p> <p>✓ 37. (a)(2)</p> <p>✓ 38. (h)(1)(2)</p> <p>✓ 39. (h)(1)(2)</p> <p>✓ 40. (4)(C)(ii-v)</p> <p>✓ 41. (4)(C)(i)</p> <p>✓ 42. (e)(6)</p> <p>✓ 43. (e)(6)</p> <p>✓ 44. (i)(1)(A)-(D)</p> <p>✓ 45. (i)</p> <p>✓ 46. (i)(2)(A-H)</p> <p>✓ 47. (F)</p> <p>✓ 48. (i)(2)</p> <p>✓ 49. (H)(i)-(I)(i)</p> |
|---|---|

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

- ✓ 19. Staff health records
- ✓ 20. Disciplinary actions
- ✓ 21. Comprehensive Background Checks
- ✓ 22. Evidence of compliance
- ✓ 23. Adequate staffing ✓
- ✓ 24. Designated head teacher-approved-60%
- ✓ 25. Two staff present-age 18 or older
- ✓ 26. Personal qualities of staff
- ✓ 27. RATIOS
- ✓ 28. Ratio 1:10 – Indoors/Outdoors
- ✓ 29. Mixed age group-ratios
- ✓ 30. Nap time ratio
- ✓ 31. Supervision-Indoors/Outdoors
- ✓ 32. GROUP SIZE
- ✓ 33. Group Size-Indoors/Outdoors
- ✓ 34. Group Size-school age field trips/outdoors
- ✓ 35. Mixed age group-group size
- ✓ 36. Designated director-training
- ✓ 37. CPR certified program staff
- ✓ 38. First aid certified program staff
- ✓ 39. PROFESSIONAL DEVELOPMENT
- ✓ 40. Documentation
- ✓ 41. Health & Safety training ✓
- ✓ 42. 1% annual hours
- ✓ 43. SWIMMING ACTIVITIES - Y/N
- ✓ 44. Swimming-Ratios
- ✓ 45. Non-swimmers identified
- ✓ 46. CPR certified staff-age 20 or older
- ✓ 47. Lifeguard-certified-supervising
- ✓ 48. CONSULTANTS ✓
- ✓ 49. Consultants-Education, Health, Social Service, Dietitian (N/A)
- ✓ 50. Consultant agreements-signed annually
- ✓ 51. Agreements complete w/required services
- ✓ 52. Consultant logs-documented activities, observations and required services
- ✓ 53. 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		Valley Pre-School		LICENSE NUMBER	12542	DATE OF INSPECTION	1.29.25
RECORD KEEPING 19a-79-5				PHYSICAL PLANT 19a-79-7a cont.			
36.	(a)(1)(A-C)	Children's Enrollment information	72.	(d)(2)	Walkways maintained		
37.	(a)(1)(D)(i)	<u>PARENT PERMISSIONS</u>	73.	(d)(3)	Windows protected to prevent falls		
	(a)(1)(D)(ii)	Emergency medical permission	74.	(d)(3)	Window screens (Schl age only- N/A)		
	(a)(1)(D)(iii)	Authorized release permission	75.	(d)(4)	Glass and mirrors protected to 36"		
	(a)(1)(D)(iv)	Field trip permission	76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A		
38.	(a)(2)(A-B)	Transportation permission	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed		
39.	(a)(2)(C)	Child Health Records	78.	(d)(7)	Individual storage of clothing/bedding		
40.	(a)(2)(E)	Immunization records	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds		
41.	(a)(3)(A)	Individual care plan-signed by parents/staff	80.	(d)(8)	Matches/lighters inaccessible		
42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports *	81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)		
43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury	82.		<u>TOILETING</u>		
44.	(a)(3)(D)	Notify OEC of serious injuries, fatality			Shared toilets/sinks-supervision plan		
45.	(a)(4)	Notify DPH, local health-reportable diseases			Toileting needs met		
		Video recordings- keep 30 days			Potty chairs-nonporous, emptied, disinfected		
HEALTH and SAFETY 19a-79-6a							
46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A			Required toilets/sinks-1:16		
47.	(a)(2)	Nutritious meals and snacks			Required toilets/sinks-1:25 schl age only		
48.	(a)(3)	Proper refrigeration-41 degrees			Toileting Supplies-Hand drying-Garbage		
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths			Handwashing staff/children		
50.	(a)(5)	Food Service Inspection N/A			Toilets/sinks located-at the facility or licensed premises		
51.	(a)(6)	Kitchen-clean, safe storage of food/supplies			Well lighted/ventilated toilet rooms		
52.	(a)(7)	Separate hand washing facilities			Mechanical ventilation (Grp Homes N/A)		
53.	(a)(8)	Multi-use eating/drinking utensils			Staff personal articles inaccessible		
54.	(a)(9)	Kitchen separated (Schl age only N/A)			<u>AIR TEMPERATURE</u>		
55.	(a)(10)	Children supervised during meal prep			Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)		
56.	(a)(11)	Handwashing-staff/children			Air temp <65°F comfortable (Schl age only-N/A)		
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms			Air temp > 80 °F - ↑ fluids/ventilation		
58.	(b)(2)	Designated isolation area			Water temperature 60 °F – 120 °F		
59.	(c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips			Portable space heaters prohibited		
60.	(c)	<u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier			Walls/ceilings/floors/rugs-clean/good repair		
61.	(d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags			Rugs- not tripping/slipping hazard		
PHYSICAL PLANT 19a-79-7a							
62.	(a)(2)	Fire marshal codes/certificate 3118124			Hot water/Steam pipes protected		
63.	(b)	Indoor/Outdoor space inspected/approved			Working phone on each level		
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion			Emergency numbers posted-adjacent to phones		
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission			Parents provided direct on site phone number		
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established			<u>LIGHTING</u>		
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)			All areas min. 1 foot candle of lighting		
68.	(c)(4)	Testing of premises/grounds for chemicals			Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible		
69.	(c)(5)(A)	<u>WATER SUPPLY</u> – Public/Well (Schools-N/A)			Schl age only-lighting for comfort		
	(c)(5)(B)	Lead Water Test – Date: 3/3/23			Light fixtures shielded/shatter proof		
	(c)(5)(C)	Bact./Chem Test-Date: 7/1/24 N/A			Potentially hazardous substances, materials – labeled, inaccessible		
70.	(c)(6)(A)	Drinking water available/accessibile			Garbage/rubbish-disposed of daily, containers in good repair		
	(c)(6)(B-D)	<u>LEAD PAINT</u> -			Stairs-protected/good repair-handrails		
		Peeling Paint – Y/N Inside/Outside			Toxic plants/materials inaccessible		
		Building Pre-78: Y/N Lead Test: Y/N			Pets or other animals-in good health, written care plan including access to children		
		Results management plan			Prevention of vermin-openings screened		
71.	(d)(1)	Lead Management Plan every 6 months			Radon test- Results: 1.1 N/A		
		Emergency vehicle access			Results posted-Date: 2/25/11 (Schls-N/A)		

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

PROGRAM NAME		Valley Pre-school		LICENSE NUMBER		12542		DATE OF INSPECTION		1.29.25	
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				☐ 129.	☐ (f)(1)	<u>LINENS/CLOTHING</u>			
☒ 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around				☐ 130.	☐ (f)(2)	Linens/emergency clothing available			
☒ 110.	(j)	No weapons/no facsimile of a firearm					☐ (f)(3)	Linens washed weekly or as needed			
☒ 111.		<u>OUTDOOR SPACE</u>					☐ (f)(4)	Linens/clothing stored individually			
	☒ (h)(1)	Adequate space- 75 sq. ft. per child					☐ (g)(1)	Cribs/cots cleaned-linens changed when shared			
	☒ (h)(2)	Shock absorbing surfaces-minimum 8"					☐ (g)(1)	<u>SAFE SLEEP</u>			
	☒ (h)(3)	Playground free from hazards					☐ (g)(1)	Under 12 mths placed on back for sleeping			
	☒ (h)(4)	Nuts, bolts, screws-tight, covered/protected					☐ (g)(2)	Crib-snug fitting mattress/tightly fitted sheet			
	☒ (h)(5)	Outside equipment anchored-anchors buried					☐ (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file			
	☒ (h)(6)	New equip- cert playg. Inspection upon request					☐ (g)(4)	Infants allowed to adopt other sleep positions			
	☒ (h)(8)	Drinking water available/accessible					☐ (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles			
	☒ (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous					☐ (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.			
☒ 112.		<u>OUTDOOR PROTECTED/FENCING</u>					☐ (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes			
	☒ (h)(7)	Playground protected from traffic, water, gullies or other hazards					☐ (g)(8)	Observe/assess infants at least every 15 minutes			
☒ 113.	☒ (h)(7)(A)	Fences installed to protect from hazards-4 ft				☐ 131.	☐ (h)(1)	Teething necklaces/bracelets, jewelry inaccessible			
	☒ (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks				☐ 132.	☐ (h)(1)	Safe sleep policies posted/parents informed			
	☒ (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A				☐ 133.	☐ (h)(2)	Infant toys-separate/washed/sanitized daily			
☒ 114.		<u>WATER HAZARDS</u>				☐ 134.	☐ (h)(2)	Toddler toys-washed/sanitized weekly			
	☒ (i)	Pools, swimming areas- N/A				☐ 135.	☐ (i)(1)(2A-C)	No toys/objects less than 1 ¼ " diameter			
	☒ (i)	conforms to 19-13-B33b and 19a-36-B61				☐ 136.	☐ (j)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision			
	☒ (i)	Wading pools prohibited						Health consultant visits/documentation			
	☒ (i)	Hot tubs/spas/saunas-locked/inaccessible N/A						<u>FEEDING</u>			
EDUCATIONAL REQUIREMENTS 19a-79-8a ★											
☒ 115.	(a)	Written daily/weekly educational plan-developmentally appropriate					☐ (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle			
☒ 116.	☒ (1)-(11)	<u>EDUCATIONAL REQUIREMENTS</u>					☐ (k)(2)	Written feeding schedule from parent-updated			
		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				☐ 137.	☐ (k)(3)	Unused formula/milk discarded after feedings			
	☒ (b)	Limited access to screen time/video games				☐ 138.	☐ (k)(4)	Clean bottles/disposable bottles/appvd washing			
						☐ 139.	☐ (k)(5)	Baby food served from dish or whole jar			
							☐ (l)(1)	Bottles labeled with child's name			
							☐ (l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25			
							☐ (l)(3)	Outdoor equipment-developmentally appropriate for ages of the children			
								Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety			
UNDER THREE ENDORSEMENT 19a-79-10 Y(N)						SCHOOL AGE ENDORSEMENT 19a-79-11 Y(N)					
☐ 117.	(b)	Approved Under 3 Endorsement				☐ 140.	(b)	Approved Schl Age Endorsement			
☐ 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)				☐ 141.	☐ (c)	<u>SCHEDULE - ACTIVITIES</u>			
☐ 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)						Written daily program plan-flexible schedule-available to staff/parents			
☐ 120.	(c)(4)	Physical barriers- indoors/outdoors				☐ 142.	☐ (c)(1)	Activities not a duplication of child's day			
☐ 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep					☐ (c)(2)	Activities include cognitive, physical, social, emotional needs of the children			
		Cribs-in compliance w/CPSC (manf. after 6/28/11)					☐ (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events			
☐ 122.	(d)(2)(Ai-iii)	Washable cots				☐ 143.	(d)	Ratio- 1:15			
☐ 123.	(d)(2)(B)	Chairs for feeding-stable base-safety straps-locking tray				☐ 144.	(e)	Group size- max. 30			
☐ 124.	(d)(2)(C)	Dev. appropriate tables/chairs/equipment				☐ 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent			
		Refrigerator and food prep facilities					(g)	Head teacher approved- 60%			
		Optional furniture/equip-safe/hazard free									
	☐ (e)(1)	<u>DIAPERING</u>				☐ 146.					
	☐ (e)(2)	Diaper area: elevated/sturdy/safety rail									
		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									

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

PROGRAM NAME	Valley Preschool	LICENSE NUMBER	12542	DATE OF INSPECTION	1.29.25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

MONITORING OF DIABETES 19a-79-13 Y/N

- ☐ 147. (b) Approved Night Care Endorsement
- ☐ 148. (b)(1) Person in charge-head teacher
- ☐ 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- ☐ 150. (b)(3) Written plan for supervision including cot placement and evacuation
- ☐ 151. (b)(4) Children in care no more than 12 hrs. in 24
- ☐ 152. (b)(5) Staff awake and available
- ☐ 153. SLEEP PROVISIONS
- ☐ (b)(6) Individual cot/crib with bedding
- ☐ (b)(6)(A) Sleeping apparel/toiletries labeled
- ☐ (b)(6)(B) Required bedding
- ☐ (b)(6)(C) Required toiletries
- ☐ (b)(6)(D) Bedding/sleeping apparel laundered weekly
- ☐ (b)(7) Sleep arrangements for infants
- ☐ 154. (b)(8) Air temp 65 °F at 3 ft
- ☐ 155. (b)(9) Fire marshal approval-hours specified
- ☐ 156. (b)(10) Local health approval

- ☐ 171. (a)(1) Written policies and procedures
- ☐ 172. STAFF TRAINING
- ☐ (b)(1)(A) Staff training – first aid
- ☐ (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
- ☐ (b)(2) Training updated at least every 3 years
- ☐ (b)(3) Written documentation of training
- ☐ (c)(2) Trained staff on site when child is present
- ☐ 173. (c)(3) Self-administration - written authorization and under supervision of trained staff
- ☐ 174. (d)(1) Equipment provided by parents
- ☐ 175. (d)(2) Equipment labeled and inaccessible
- ☐ 176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- ☐ 177. (e)(1) Authorized prescriber written order
- ☐ 178. (e)(2) Written authorization from parent
- ☐ 179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

ADDITIONAL VIOLATION

- ☒ 157. (9a) Written medication policies/procedures
- ☒ 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- ☒ 159. NONPRESC. TOPICAL MEDICATION
- ☒ (a)(2) Admin/Parent permission/report errors
- ☒ (a)(3)(A-B) Labeling and Storage
- ☒ (a)(3)(C) Unused/expired meds destroyed/returned
- ☒ 160. MEDICATION TRAINING
- ☒ (b)(1)(A/C) Medication training-general-oral/top/inhalant
- ☒ (b)(1)(D) Injectable premeasured autoinjector medication
- ☒ (b)(1)(E) Rectal medication
- ☒ (b)(1)(F) Injectable other than premeasured auto-injector
- ☒ (b)(2)(A-B) Training approval documents/certificates
- ☒ (b)(2)(C) Training outline on file
- ☐ 161. (b)(3)(A-B) Authorized prescriber/parent permission
- ☒ 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- ☒ 163. (b)(4)(A-B) Medication Administration Records (MAR)
- ☒ 164. (b)(5)(A-B) Labeling and Storage
- ☒ 165. (b)(5)(C) Emergency medication inaccessible
- ☐ 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- ☒ 167. (b)(5)(E) Auto-injector/inhalant equipment
- ☒ 168. (b)(6) Self-administration documentation
- ☒ 169. (b)(7)(A-B) Petition for special medication authorization
- ☒ 170. (d) Potassium Iodide (KI) emergency distribution—permission and storage N/A

- ☐ 180. - Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

★ items discussed/new regulation. Refer to 1/14/25 email for guidance.

- policies to be updated withⁿ one year

- education and social service consultant contracts to be update.

- Medication training certificates to be updated.

SIGNATURE OF OEC STAFF	Betty mayer
PRINTED NAME	Betty Mayer

SIGNATURE OF PERSON IN CHARGE	Heather Tokarz
PRINTED NAME	Heather Tokarz

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: 2/12/25

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley Pre-school License # 12542 Date: 1-29-25Observations/Corrections needed:

#161 Medication authorization for child with epipen missing parent signature.

#166 observed one epipen expired (12/2024).

Discussed: Shock absorbing material under climbing equipment not observed due to snow. Program needs to maintain compliance with this regulation at all times.

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: Betty Mayer
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/12/25Signature: Heather A Tokarz
(Person in Charge)Print Name: Heather Tokarz