

**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:	First Congregational Preschool	Date of Inspection:	1/15/25	Time of Arrival:	9:15am
Address:	62 Colony Street	License Number:	16764	Expiration Date:	1/31/26
Town:	Meriden, Ct 06451	Telephone Number:	203-634-8886	Summer Care:	Closed
Operator:	First Congregational Preschool Inc	# of Staff Present:	10	# over 3 Present:	41
Email:	Suzenkin@sbcglobal.net	Total Capacity:	64	Total Under 3 capacity:	0
Designated Director:	Susan Jenkin	Hours/Days of Operation:	M-F 8:30-2:25		

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: 12/8/23

ADMINISTRATION 19a-79-3a

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

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

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. RATIOS
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group-ratios
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. GROUP SIZE
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. PROFESSIONAL DEVELOPMENT
 - (a)(2) Documentation
 - (h)(1)(2) Health & Safety training
 - (h)(1)(2) 1% annual hours
- 33. SWIMMING ACTIVITIES - Y/N
 - (4)(C)(ii-v) Swimming-Ratios
 - (4)(C)(i) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
- 34. CONSULTANTS
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
 - (i) Consultant agreements-signed annually
 - (i)(2)(A-H) Agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health
- 35. (H)(i)-(I)(i)

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

PROGRAM NAME	FVDT Longregational Preschool	LICENSE NUMBER	16764	DATE OF INSPECTION	1/15/25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.																																																																																																																																																																																																																																																																												
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<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"/>	83.	(d)(11)	Staff personal articles inaccessible																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	84.		AIR TEMPERATURE																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	85.	(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)(1)	Air temp <65°F comfortable (Schl age only-N/A)																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>		(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	86.	(e)(3)	Water temperature 60 °F - 120 °F																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	87.	(e)(4)	Portable space heaters prohibited																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	89.	(e)(5)	Rugs- not tripping/slipping hazard																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	91.	(e)(7)	Working phone on each level																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	92.	(e)(7)	Emergency numbers posted-adjacent to phones																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	93.	(e)(7)	Parents provided direct on site phone number																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	94.		LIGHTING																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>		(e)(8)	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)(9)	Light fixtures shielded/shatter proof																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	95.	(e)(10)	Potentially hazardous substances, materials - labeled, inaccessible																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	100.	(e)(16)	Prevention of vermin-openings screened																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: <u>2nd floor</u> N/A																																																																																																																																																																																																																																																																										
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<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials																																																																																																																																																																																																																																																																										

HEALTH and SAFETY 19a-79-6a																																																																	
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<input checked="" type="checkbox"/>	70.		LEAD PAINT -																																																																																																														
<input checked="" type="checkbox"/>		(c)(6)(A)	Peeling Paint - Y/N Inside/Outside Building Pre-78 Y/N Lead Test Y/N Results <u>Lead identified</u>																																																																																																														
<input checked="" type="checkbox"/>		(c)(6)(B-D)	Lead Management Plan <u>every 6 months</u>																																																																																																														
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access																																																																																																														
<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)																																																																																																															

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

PROGRAM NAME First Congregational Preschool LICENSE NUMBER 16764 DATE OF INSPECTION 1/15/25

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 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
- 113. (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- 114. (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
 - (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
 - 137. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
 - 138. (l)(2) Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
 - 139. (l)(3)

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

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

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

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

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

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

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

PROGRAM NAME	<i>First Congregational Preschool</i>	LICENSE NUMBER	<i>16764</i>	DATE OF INSPECTION	<i>1/15/25</i>
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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<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. <u>STAFF TRAINING</u>
<input type="checkbox"/> 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(A) Staff training – first aid
<input type="checkbox"/> 150. (b)(3) Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4) Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(2) Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5) Staff awake and available	<input checked="" type="checkbox"/> (b)(3) Written documentation of training
<input type="checkbox"/> 153. <u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/> (c)(2) Trained staff on site when child is present
<input type="checkbox"/> (b)(6) Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (c)(3) Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A) Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1) Equipment provided by parents
<input type="checkbox"/> (b)(6)(B) Required bedding	<input checked="" type="checkbox"/> 175. (d)(2) Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C) 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 checked="" 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 checked="" type="checkbox"/> 155. (b)(9) Fire marshal approval-hours specified	
<input checked="" type="checkbox"/> 156. (b)(10) Local health approval	

ADMINISTRATION OF MEDICATIONS 19a-79-9a <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/> 157. (9a) Written medication policies/procedures	<input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions <i>N/A</i>
<input checked="" type="checkbox"/> 158. (9a) Permit enrollment of children with asthma, allergies, diabetes	

<input checked="" type="checkbox"/> 159. <u>NONPRESC. TOPICAL MEDICATION</u>	<p>DISCUSSIONS - COMMENTS</p> <p><i>→ Policies update Checklist provided.</i></p> <p><i>→ Required Services for consultation</i></p> <p><i>→</i></p>
<input checked="" type="checkbox"/> (a)(2) Admin/Parent permission/report errors	
<input checked="" type="checkbox"/> (a)(3)(A-B) Labeling and Storage	
<input checked="" type="checkbox"/> (a)(3)(C) Unused/expired meds destroyed/returned	
<input checked="" type="checkbox"/> 160. <u>MEDICATION TRAINING</u>	
<input checked="" type="checkbox"/> (b)(1)(A/C) Medication training-general-oral/top/inhalant	
<input checked="" type="checkbox"/> (b)(1)(D) Injectable premeasured autoinjector medication	
<input checked="" type="checkbox"/> (b)(1)(E) Rectal medication	
<input checked="" type="checkbox"/> (b)(1)(F) Injectable other than premeasured auto-injector	
<input checked="" type="checkbox"/> (b)(2)(A-B) Training approval documents/certificates	
<input checked="" type="checkbox"/> (b)(2)(C) Training outline on file	
<input checked="" type="checkbox"/> 161. (b)(3)(A-B) Authorized prescriber/parent permission	
<input checked="" type="checkbox"/> 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification	
<input checked="" type="checkbox"/> 163. (b)(4)(A-B) Medication Administration Records (MAR)	
<input checked="" type="checkbox"/> 164. (b)(5)(A-B) Labeling and Storage	
<input checked="" type="checkbox"/> 165. (b)(5)(C) Emergency medication inaccessible	
<input checked="" type="checkbox"/> 166. (b)(5)(D) Unused/Expired meds-destroyed/returned	
<input checked="" type="checkbox"/> 167. (b)(5)(E) Auto-injector/inhalant equipment	
<input checked="" type="checkbox"/> 168. (b)(6) Self-administration documentation	
<input checked="" type="checkbox"/> 169. (b)(7)(A-B) Petition for special medication authorization	
<input checked="" type="checkbox"/> 170. (d) Potassium Iodide (KI) emergency distribution—permission and storage <i>N/A</i>	

SIGNATURE OF OEC STAFF	<i>Johanne Dabo</i>	SIGNATURE OF PERSON IN CHARGE	<i>Susan Jenkin</i>
PRINTED NAME	Johanne Dabo	PRINTED NAME	Susan Jenkin

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>1/29/25</i>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Frist Congregational Preschool License # 16764 Date: 1/15/25

Observations/Corrections needed:

→ Regulation was not in compliance when...

4(b)(6) Observed no documentation of employee documentation for new program staff.

164(b)(5)(A-B) Observed Tylenol bottle not locked and backpack with medication on hook accessible to children (yellow Rm)

Discussion

→ 1 mug with corner curled up
→

Citation:

167(c)(3) Observed 2 cubbies not secured.

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: [Signature]
(OEC Representative)
Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/29/25

Signature: Susan Jenkin
(Person in Charge)
Print Name: Susan Jenkin