CONNECTICUT

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING

CONNECTICUT Early Childhood

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:	St James Lutheran	**Date of Inspection:**	2/11/25	**Time of Arrival:**	9:00
Address:	111 Peter Rd	**License Number:**	12961	**Expiration Date:**	11/30/25
Town:	Southbury	**Telephone Number:**	(203) 264-6448	**Summer Care:**	closed
Operator:	St James Lutheran Church	**# of Staff Present:** 2	**# over 3 Present:** 8	**# under 3 Present:** 0	
Email:	stjameslutheranpreschool@gmail.com	**Total Capacity:** 29	**Total Under 3 capacity:** 0	**Ages Served:** 3 to 5	
Designated Director:	Leslie Broch	**Hours/Days of Operation:**	MWF 9-1:55 T 9-11:45 Th 9-1:00		

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: 6/30/23

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
☑ 28.	(d)(4)(D)	Supervision–Indoors/Outdoors
☑ 29.		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
☑ 30.	(e)(1)	Designated director-training
☑ 31.	(f)(1)	CPR certified program staff
☑ 32.	(f)(2)	First aid certified program staff
☑ 33.		PROFESSIONAL DEVELOPMENT
	☑ (a)(2)	Documentation
	☑ (h)(1)(2)	Health & Safety training
	☐ (h)(1)(2)	1% annual hours
☐ 34.		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
☐ 35.		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) JF	Consultant logs–documented activities, observations and required services
	☑ (i)(2) (H)(i)-(I)(i)	Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	X	✓	—
Health	X	✓	X
Soc. Serv.	X	✓	
Dietitian	n/a	n/a	

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

PROGRAM NAME	St James Lutheran	LICENSE NUMBER	12961	DATE OF INSPECTION	2/11/25

RECORD KEEPING 19a-79-5

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

HEALTH and SAFETY 19a-79-6a

☑ 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
☑ 47.	(a)(2)	Nutritious meals and snacks
☑ 48.	(a)(3)	Proper refrigeration–41 degrees
☑ 49.	(a)(4)	Menus–1 wk in advance- keep 3 mths
☑ 50.	(a)(5)	Food Service Inspection ________ N/A
☑ 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
☑ 52.	(a)(7)	Separate hand washing facilities
☑ 53.	(a)(8)	Multi-use eating/drinking utensils
☑ 54.	(a)(9)	Kitchen separated (Schl age only N/A)
☑ 55.	(a)(10)	Children supervised during meal prep
☑ 56.	(a)(11)	Handwashing–staff/children
☑ 57.	(b)(1)	Illness procedures–staff knowledgeable, children observed for signs/symptoms
☑ 58.	(b)(2)	Designated isolation area
☑ 59.	☑ (c)	FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
☑ 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
☑ 61.	☑ (d)	FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

☑ 62.	(a)(2)	Fire marshal codes/certificate 10/24/25
☐ 63.	(b)	Indoor/Outdoor space inspected/approved
☐ 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
☐ 65.	(b)(6)	Space not inspected/approved but used for field trips–written parent permission
☑ 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
☑ 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
☑ 68.	(c)(4)	Testing of premises/grounds for chemicals
☑ 69.		WATER SUPPLY – Public/Well (Schools-N/A)
	☐ (c)(5)(A)	Lead Water Test – Date: 10/9/23
	☐ (c)(5)(B)	Bact./Chem Test-Date: ________ N/A
	☐ (c)(5)(C)	Drinking water available/accessible
☑ 70.		LEAD PAINT -
		Peeling Paint – Y/N Inside/Outside
	☑ (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N Results No lead identified
	☑ (c)(6)(B-D)	Lead Management Plan n/a
☑ 71.	(d)(1)	Emergency vehicle access

PHYSICAL PLANT 19a-79-7a cont.

☑ 72.	(d)(2)	Walkways maintained
☑ 73.	(d)(3)	Windows protected to prevent falls
☑ 74.	(d)(3)	Window screens (Schl age only- N/A)
☑ 75.	(d)(4)	Glass and mirrors protected to 36"
☑ 76.	(d)(5)	Overhead doors–locking devices, spring protectors N/A
☑ 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
☑ 78.	(d)(7)	Individual storage of clothing/bedding
☑ 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
☑ 80.	(d)(8)	Matches/lighters inaccessible
☑ 81.	(d)(9)	Electrical safety–outlets inaccessible -covered or protected (Schl age only-N/A)
☑ 82.		TOILETING
	☑ (d)(10)(A)	Shared toilets/sinks–supervision plan
	☑ (d)(10)(B)	Toileting needs met
	☑ (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	☑ (d)(10)(C)	Required toilets/sinks–1:16
	☑ (d)(10)(D)	Required toilets/sinks–1:25 schl age only
	☑ (d)(10)(E)	Toileting Supplies–Hand drying-Garbage
	☑ (d)(10)(E)	Handwashing staff/children
	☑ (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
	☑ (d)(10)(G)	Well lighted/ventilated toilet rooms
	☑ (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
☑ 83.	(d)(11)	Staff personal articles inaccessible
☑ 84.		AIR TEMPERATURE
	☑ (e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
☑ 85.	☑ (e)(1)	Air temp<65°F comfortable (Schl age only-N/A)
	☑ (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
☑ 86.	(e)(3)	Water temperature 60 °F – 120 °F
☑ 87.	(e)(4)	Portable space heaters prohibited
☑ 88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
☑ 89.	(e)(5)	Rugs- not tripping/slipping hazard
☑ 90.	(e)(6)	Hot water/Steam pipes protected
☑ 91.	(e)(7)	Working phone on each level
☑ 92.	(e)(7)	Emergency numbers posted-adjacent to phones
☑ 93.	(e)(7)	Parents provided direct on site phone number
☐ 94.		LIGHTING
	☐ (e)(8)	All areas min. 1 foot candle of lighting
	☐ (e)(9)	Adequate lighting–30/50 candle feet–napping children-sufficient lighting to be visible
	☑ (e)(9)	Schl age only-lighting for comfort
	☑ (e)(9)	Light fixtures shielded/shatter proof
☑ 95.	(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
☑ 96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
☑ 97.	(e)(12)	Stairs-protected/good repair-handrails
☑ 98.	(e)(13)	Toxic plants/materials inaccessible
☑ 99.	(e)(14-15)	Pets or other animals–in good health, written care plan including access to children
☑ 100.	(e)(16)	Prevention of vermin-openings screened
☑ 101.	(e)(17)	Radon test- Results: .4 N/A Results posted-Date: 4/29/04 (Schls-N/A)
☑ 102.	(e)(18)	Carbon monoxide detector-each level N/A
☑ 103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
☑ 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
☑ 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
☑ 106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
☑ 107.	(g)(4)	Developmentally app equipment, materials

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

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
St James Lutheran	12961	2/11/25

PHYSICAL PLANT 19a-79-7a cont.

☑ 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
☑ 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
☑ 110.	(j)	No weapons/no facsimile of a firearm
☑ 111.		OUTDOOR SPACE
	☑ (h)(1)	Adequate space- 75 sq. ft. per child
	☑ (h)(2)	Shock absorbing surfaces-minimum 8"
	☑ (h)(3)	Playground free from hazards
	☑ (h)(4)	Nuts, bolts, screws-tight, covered/protected
	☑ (h)(5)	Outside equipment anchored–anchors buried
	☑ (h)(6)	New equip- cert playg. Inspection upon request
	☑ (h)(8)	Drinking water available/accessible
	☑ (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
☑ 112.		OUTDOOR PROTECTED/FENCING
	☑ (h)(7)	Playground protected from traffic, water, gullies or other hazards
☑ 113.	☑ (h)(7)(A)	Fences installed to protect from hazards-4 ft
	☑ (h)(7)(B)	Fences installed to protect from water–4 ft, self closing and self latching devices or locks
	☑ (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
☑ 114.		WATER HAZARDS
	☑ (i)	Pools, swimming areas- N/A conforms to 19-13-B33b and 19a-36-B61
	☑ (i)	Wading pools prohibited
	☑ (i)	Hot tubs/spas/saunas-locked/inaccessible N/A

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

n/a

☐ 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

UNDER THREE ENDORSEMENT 19a-79-10 cont.

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 ¼ " 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 ¼ "-or measures in place to ensure their health & safety

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

n/a

☐ 140.	(b)	Approved Schl Age Endorsement
☐ 141.		SCHEDULE - ACTIVITIES
	☐ (c)	Written daily program plan-flexible schedule-available to staff/parents
☐ 142.	☐ (c)(1)	Activities not a duplication of child's day
	☐ (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	☐ (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
☐ 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	St James	LICENSE NUMBER	12961	DATE OF INSPECTION	2/11/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

n/a

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

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

☑ 171.	(a)(1)	Written policies and procedures
☑ 172.		STAFF TRAINING
	☑ (b)(1)(A)	Staff training – first aid
	☑ (b)(1)(B) (i)-(iii)	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

☑ 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

ADDITIONAL VIOLATION

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

DISCUSSIONS - COMMENTS

policy review checklist provided during inspection highlighting changes to childcare center regulations effective 10/16/24. Program must ensure policies are updated to reflect new regulations

TA given on new regulations

items marked with ✓ were either in compliance or discussed at visit

Shock absorbing material wasn't observed + program needs to maintain compliance with regulation at all times - snow covered

SIGNATURE OF OEC STAFF	Jaime Fortin	[signature]	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Jaime Fortin	Leslie Broch	PRINTED NAME

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: 2/25/25

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

November 2024

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St James Lutheran License # 12961 Date: 2/11/25

Observations/Corrections needed:

4(b)(6): Employee Orientations not documented
19(a)(1): 1 staff health record not observed (1 out of 2)
21(b): 1 staff substitute signed in this week-working in classroom not current with Background Check.
33(b)(1)(2): Professional development for staff last logged 9/2023.
35(1)(2)A-H: Consultant Agreements missing new required duties
40(a)(2(E): Care Plans not signed by all staff responsible for care of child. 1 Care Plan not observed for child with asthma
65(b)(6): Field trip permission for church hall + grounds missing documentation that space has not been approved by OEC.
94(e)(9): lighting at front 2 tables at 30/35 candle feet. (50°)

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: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/25/25

Signature: [signature]
(Person in Charge)
Print Name: Leslie Broch