

**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:	Hide out	Date of Inspection:	2/18/25	Time of Arrival:	1:35
Address:	49 Mohagan Rd.	License Number:	13814	Expiration Date:	3/31/24
Town:	Shelton, CT 06484	Telephone Number:	203-929-0744	Summer Care:	Open
Operator:	Stepping Stones, Inc.	# of Staff Present:	3	# over 3 Present:	25
Email:	hideout2014@yahoo.com	Total Capacity:	80	Total Under 3 capacity:	0
Designated Director:	Michelle Quintiliano	Hours/Days of Operation:	M-F 6:30-6:30		

Instruction Codes: N/A = Not applicable at this time    ✓ = Regulation in Compliance    O = Regulation not in Compliance

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

**LICENSURE PROCEDURES 19a-79-2a**

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

1. (c)(8) Local Health Inspection-Date: 4/30/22

**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.	<b>POLICIES-COMplete/IMPLEMENTED</b>
<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.	<b>ACCESS</b>
<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.	<b>POSTINGS</b>
<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)
<input checked="" type="checkbox"/> 20.	(a)(3)
<input checked="" type="checkbox"/> 21.	(b)
<input checked="" type="checkbox"/> 22.	(b)(4)
<input checked="" type="checkbox"/> 23.	(d)
<input checked="" type="checkbox"/> 24.	(d)(1)
<input checked="" type="checkbox"/> 25.	(d)(2)
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)
<input checked="" type="checkbox"/> 27.	(d)(4)(A)
<input checked="" type="checkbox"/> 28.	(d)(4)(B)
<input checked="" type="checkbox"/> 29.	(d)(6)
<input checked="" type="checkbox"/> 30.	(d)(4)(D)
<input checked="" type="checkbox"/> 31.	(d)(5)
<input checked="" type="checkbox"/> 32.	(d)(5)(A)
<input checked="" type="checkbox"/> 33.	(d)(5)(B)
<input checked="" type="checkbox"/> 34.	(e)(1)
<input checked="" type="checkbox"/> 35.	(f)(1)
<input checked="" type="checkbox"/> 36.	(f)(2)
<input checked="" type="checkbox"/> (a)(2)	
<input checked="" type="checkbox"/> (h)(1)(2)	
<input checked="" type="checkbox"/> (h)(1)(2)	
<input checked="" type="checkbox"/> (4)(C)(ii-v)	
<input checked="" type="checkbox"/> (4)(C)(i)	
<input checked="" type="checkbox"/> (e)(6)	
<input checked="" type="checkbox"/> (e)(6)	
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	
<input checked="" type="checkbox"/> (i)	
<input checked="" type="checkbox"/> (i)(2)(A-H)	
<input checked="" type="checkbox"/> (F)	
<input checked="" type="checkbox"/> (i)(2)	
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

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

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

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

**PROFESSIONAL DEVELOPMENT**  
Documentation  
Health & Safety training  
1% annual hours

**SWIMMING ACTIVITIES - Y(N)**  
Swimming-Ratios  
Non-swimmers identified  
CPR certified staff-age 20 or older  
Lifeguard-certified-supervising

**CONSULTANTS**  
Consultants-Education, Health, Social Service, Dietitian (N/A)  
Consultant agreements-signed annually  
Agreements complete w/required services  
Consultant logs-documented activities, observations and required services  
Consultant visits- Education/Health

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

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Hide out		13814	2/19/25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained
<input checked="" type="checkbox"/> 37.		<b>PARENT PERMISSIONS</b>	<input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls
<input checked="" type="checkbox"/> (a)(1)(D)(i)		Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only - N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(ii)		Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iii)		Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(iv)		Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)		Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 39. (a)(2)(C)		Immunization records	<input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 40. (a)(2)(E)		Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible
<input checked="" type="checkbox"/> 41. (a)(3)(A)		Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only - N/A)
<input checked="" type="checkbox"/> 42. (a)(3)(B)		Parent notification of illness or injury	<input checked="" type="checkbox"/> 82. (d)(10)(A) <b>TOILETING</b>
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)		Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(10)(B) Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 44. (a)(3)(D)		Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(C) Toileting needs met
<input checked="" type="checkbox"/> 45. (a)(4)		Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
<b>HEALTH and SAFETY 19a-79-6a</b>			<input checked="" type="checkbox"/> (d)(10)(C) Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 46. (a)(1)		Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> (d)(10)(D) Required toilets/sinks-1:25 (Schl age only - N/A)
<input checked="" type="checkbox"/> 47. (a)(2)		Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 48. (a)(3)		Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(E) Handwashing staff/children
<input checked="" type="checkbox"/> 49. (a)(4)		Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 50. (a)(5)		Food Service Inspection (N/A)	<input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 51. (a)(6)		Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes - N/A)
<input checked="" type="checkbox"/> 52. (a)(7)		Separate hand washing facilities	<input checked="" type="checkbox"/> (d)(11) Staff personal articles inaccessible
<input checked="" type="checkbox"/> 53. (a)(8)		Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 83. (d)(11) <b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/> 54. (a)(9)		Kitchen separated (Schl age only - N/A)	<input checked="" type="checkbox"/> 84. (d)(11)
<input checked="" type="checkbox"/> 55. (a)(10)		Children supervised during meal prep	<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"/> 56. (a)(11)		Handwashing-staff/children	<input checked="" type="checkbox"/> (e)(1) Air temp <65°F comfortable (Schl age only - N/A)
<input checked="" type="checkbox"/> 57. (b)(1)		Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 58. (b)(2)		Designated isolation area	<input checked="" type="checkbox"/> (e)(3) Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 59. (c)		FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> (e)(4) Portable space heaters prohibited
<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"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair
<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"/> (e)(5) Rugs- not tripping/slipping hazard
<b>PHYSICAL PLANT 19a-79-7a</b>			<input checked="" type="checkbox"/> (e)(6) Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 62. (a)(2)		Fire marshal codes/certificate 1113023	<input checked="" type="checkbox"/> (e)(7) Working phone on each level
<input checked="" type="checkbox"/> 63. (b)		Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> (e)(7) Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 64. (b)(1)-(5)		Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> (e)(7) Parents provided direct on site phone number
<input checked="" type="checkbox"/> 65. (b)(6)		Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> (e)(8) <b>LIGHTING</b>
<input checked="" type="checkbox"/> 66. (c)(2)		Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> (e)(8) All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 67. (c)(3)		Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> 68. (c)(4)		Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> (e)(9) Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 69. (c)(5)(A)		WATER SUPPLY - Public/Well* (Schools - N/A)	<input checked="" type="checkbox"/> (e)(10) Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (c)(5)(B)		Lead Water Test - Date: 2/15/24	<input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (c)(5)(C)		Bact./Chem Test-Date: (N/A)	<input checked="" type="checkbox"/> (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 70. (c)(6)(A)		Drinking water available/accessible	<input checked="" type="checkbox"/> 97. (e)(12) Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (c)(6)(B-D)		<b>LEAD PAINT</b>	<input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 71. (d)(1)		Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
		Building Pre-78: Y/N Lead Test: Y/N	<input checked="" type="checkbox"/> 100. (e)(16) Prevention of vermin-openings screened
		Results: ICA identical.	<input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: .9 (Schls - N/A)
		Lead Management Plan: Annually	<input checked="" type="checkbox"/> 102. (e)(18) Results posted-Date: 1/29/24 (Schls - N/A)
		Emergency vehicle access	<input checked="" type="checkbox"/> 103. (f)(1)(A) Carbon monoxide detector-each level (N/A)
			<input checked="" type="checkbox"/> 104. (g)(1) Program space-adequate-35 sq. ft. per child
			<input checked="" type="checkbox"/> 105. (g)(2) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			<input checked="" type="checkbox"/> 106. (g)(3) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			<input checked="" type="checkbox"/> 107. (g)(4) Air conditioners, water heaters, fuse boxes inaccessible
			Developmentally app equipment, materials

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

PROGRAM NAME	Hide out	LICENSE NUMBER	13814	DATE OF INSPECTION	2/19/25
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**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

114.  (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)

(i) WATER HAZARDS (N/A)

(i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61

(i) Wading pools prohibited

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

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

129.  (f)(1) LINENS/CLOTHING

(f)(2) Linens/emergency clothing available

(f)(3) Linens washed weekly or as needed

(f)(4) Linens/clothing stored individually

130.  (g)(1) Crib/cots cleaned-linens changed when shared

(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

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

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

117. (b) Approved Under 3 Endorsement

118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)

119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)

120. (c)(4) Physical barriers- indoors/outdoors

121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep

122. (d)(2)(A-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)

123. (d)(2)(B) Washable cots

124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray

125. (d)(2)(D) Dev. appropriate tables/chairs/equipment

126. (d)(2)(E) Refrigerator and food prep facilities

127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free

128. DIAPERING

(e)(1) Diaper area: elevated/sturdy/safety rail

(e)(2) Diaper area: used only for this purpose, located in the program area

(e)(3) Diaper area: non-porous surface/good repair

(e)(4) Diaper area: washed/disinfected after use

(e)(5) Diaper area: disposable paper sheets

(e)(6)(9) Covered waste receptacle-removed daily

(e)(7) Handwashing-staff/children

(e)(8) Diapering-Handwashing policies-posted/followed

(e)(10)(A-C) Cloth diapers-written plan developed

**SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)**

140. (b) Approved Schl Age Endorsement

141.  (c) SCHEDULE - ACTIVITIES

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

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

(c)(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: Itac out LICENSE NUMBER: 13814 DATE OF INSPECTION: 2/19/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)  Y  N MONITORING OF DIABETES 19a-79-13  Y  N

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	
<input type="checkbox"/> 153. (b)(6)	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> 173. (c)(3)	
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 174. (d)(1)	
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 175. (d)(2)	
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 176. (d)(3)	
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 177. (e)(1)	
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 178. (e)(2)	
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 179. (e)(3)	
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft		
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		

*n/a*

ADMINISTRATION OF MEDICATIONS 19a-79-9a  Y  N ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes <b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned <b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> 180. - <i>n/a</i>	Consent Order/Negotiated Corrective Action Plan conditions <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> 158. (9a)			
<input checked="" type="checkbox"/> 159. (a)(2)			
<input checked="" type="checkbox"/> (a)(3)(A-B)			

<input checked="" type="checkbox"/> 160. (a)(3)(C)		
<input checked="" type="checkbox"/> (b)(1)(A/C)		
<input checked="" type="checkbox"/> (b)(1)(D)		
<input checked="" type="checkbox"/> (b)(1)(E)		
<input checked="" type="checkbox"/> (b)(1)(F)		
<input checked="" type="checkbox"/> (b)(2)(A-B)		
<input checked="" type="checkbox"/> (b)(2)(C)		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)		
<input checked="" type="checkbox"/> 162. (b)(3)(D)		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)		
<input checked="" type="checkbox"/> 165. (b)(5)(C)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)		
<input checked="" type="checkbox"/> 167. (b)(5)(E)		
<input checked="" type="checkbox"/> 168. (b)(6)		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)		
<input checked="" type="checkbox"/> 170. (d)		

**DISCUSSIONS - COMMENTS**

SIGNATURE OF OEC STAFF: Krissi Morgan PRINTED NAME: Krissi Morgan

SIGNATURE OF PERSON IN CHARGE: Kathleen Sminsky PRINTED NAME: Kathleen Sminsky

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](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.  
 Written Corrective Action Plan Due by: 3/5/25  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

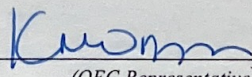
Name of Program/Provider: Hide Out License # 13814 Date: 2/19/25

Observations/Corrections needed:

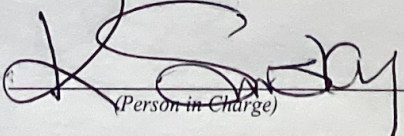
- 1- local health inspection not current
  - 27(D)(4)(A) - observed 1 staff with 2 children<sup>in bathroom</sup> + 2 staff with 23 children in classroom upon arrival.
  - 28 - staff left children alone in bathroom when I arrived. Staff left me in lobby near bathroom + went to far classroom to get a supervisor.
  - 35 - health + education consultant agreements do not reflect new duties per updated regulations.
  - 36 - 6 children's files missing 1 or both parent work addresses.
  - 40 - observed 3 individual care plans not signed by parent; 1 not signed by all staff responsible for the child's care; 2 care plans could not be followed as written - call for second dose of epi + only 1 on site.
  - 40(C) - missing cold packs + 1 thermometer
  - 95 - observed unlabeled + accessible clorox wipes + lysol spray.
  - 161 - observed 1 medication authorization form not signed by doctor; 1 not signed by parent.
  - 164 - observed 3 unlabeled medications.
- discussed:
- 1 child missing authorized release

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:  Krishna Morgan  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:   
(Person in Charge)

OEC BY: 315/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hicc out License # 13874 Date: 2/19/25

Observations/Corrections needed:

- Medication administration certificates missing information
- new complaint procedure to be posted.
- playground snow covered - could not be inspected - program to maintain compliance at all times.
- All items checked were either in compliance or discussed.
- program responsible to understand + comply with all new regulations in addition to existing regulations.
- policies to be updated/ <sup>created</sup> ~~change~~ to comply with regulation changes.
- all staff to complete health + safety training by 4/1/25.

Violations continued:

U2- fire marshal certificate not current

To (C)(U)(A) - observed peeling paint on both the girls + boys bathroom radiators - on lead management plan.

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: Krishni Morgan  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 3/5/25