

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

Casimir Pulaski before/after school program		2/24/25	3:25 pm
100 CROFTVIEW AVE		12585	3/31/29
MERRICK CT 06450		475-775-4895	Closed
WOMEN and FAMILIES CENTER		# of Staff Present: 4	# over 3 Present: 25
refernandez@womenandfamilies.org		Total Capacity: 112	# under 3 Present: —
Rebecca Fernandez		Total Under 3 capacity: —	Ages Served: 6-9 yrs
		MW 6:45/8:45	3:20-6:00
		R 2:50-6	F: 3:20-5:30

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

LOCAL HEALTH INSPECTIONS 19-79-24

1. (c)(8) Local Health Inspection-Date 2/12/25

ADMINISTRATION 19-79-24

- 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-COMLETE/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 19-79-24

- 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.

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM NAME: CALVIN RIVERS BIA SCHOOL PROGRAM LICENSE NUMBER: 12585 DATE OF INSPECTION: 2/24/25

RECORD KEEPING 19a-79-7a		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73. (d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7)
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 79. (d)(8)
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8)
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81. (d)(9)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify OEC of serious injuries, fatality	
<input checked="" type="checkbox"/> 45.	(a)(4)	Notify DPH, local health-reportable diseases	
		Video recordings- keep 30 days	

HEALTH and SAFETY 19a-79-6a			
<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> (d)(10)(A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(B)
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(C)
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(D)
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>N/A</u>	<input checked="" type="checkbox"/> (d)(10)(E)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> (d)(10)(E)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> (d)(10)(F)
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> (d)(10)(G)
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> (d)(10)(H)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> (d)(11)
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> (e)(2)
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> (e)(3)
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (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)(4)
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> (e)(5)
			<input checked="" type="checkbox"/> (e)(6)
			<input checked="" type="checkbox"/> (e)(7)
			<input checked="" type="checkbox"/> (e)(7)
			<input checked="" type="checkbox"/> (e)(8)
			<input checked="" type="checkbox"/> (e)(9)
			<input checked="" type="checkbox"/> (e)(9)
			<input checked="" type="checkbox"/> (e)(10)
			<input checked="" type="checkbox"/> (e)(11)
			<input checked="" type="checkbox"/> (e)(12)
			<input checked="" type="checkbox"/> (e)(13)
			<input checked="" type="checkbox"/> (e)(14-15)
			<input checked="" type="checkbox"/> (e)(16)
			<input checked="" type="checkbox"/> (e)(17)
			<input checked="" type="checkbox"/> (e)(18)
			<input checked="" type="checkbox"/> (f)(1)(A)
			<input checked="" type="checkbox"/> (g)(1)
			<input checked="" type="checkbox"/> (g)(2)
			<input checked="" type="checkbox"/> (g)(3)
			<input checked="" type="checkbox"/> (g)(4)

PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>8/7/24</u>	<input checked="" type="checkbox"/> 95.
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96.
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 97.
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 98.
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 99.
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 100.
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 101.
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 102.
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____	<input checked="" type="checkbox"/> 103.
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ N/A	<input checked="" type="checkbox"/> 104.
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 105.
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results: <u>EVERY 6 MONTH</u>	<input checked="" type="checkbox"/> 106.
<input checked="" type="checkbox"/> 71.	(d)(1)	Lead Management Plan <u>EVERY 6 MONTH</u>	<input checked="" type="checkbox"/> 107.
		Emergency vehicle access	

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

PROGRAM NAME KADIMUN YUNASARAI BIA SCHOOL Program

INSPECTION NUMBER 12585

DATE OF INSPECTION 2/24/25

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
- (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
- WATER HAZARDS**
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
 - (i) Wading pools prohibited N/A
 - (i) Hot tubs/spas/saunas-locked/inaccessible N/A

- 129. (f)(1)
- (f)(2)
- (f)(3)
- (f)(4)
- 130. (g)(1)
- (g)(1)
- (g)(1)
- (g)(2)
- (g)(3)
- (g)(4)
- (g)(5)
- (g)(6)
- (g)(7)
- (g)(8)
- 131. (h)(1)
- 132. (h)(1)
- 133. (h)(2)
- 134. (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

LINENS/CLOTHING
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
 Under 12 mths placed on back for sleeping
 Crib-snug fitting mattress/tightly fitted sheet
 Alternate sleep position/equipment-medical documentation for medical reason on file
 Infants allowed to adopt other sleep positions
 No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 No unapproved sleeping-car seats/swings/beds, etc.
 No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 Observe/assess infants at least every 15 minutes
 Teething necklaces/bracelets, jewelry inaccessible
 Safe sleep policies posted/parents informed
 Infant toys-separate/washed/sanitized daily
 Toddler toys-washed/sanitized weekly
 No toys/objects less than 1 1/4" diameter
 Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 Health consultant visits/documentation

FEEDING
 Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 Written feeding schedule from parent-updated
 Unused formula/milk discarded after feedings
 Clean bottles/disposable bottles/appvd washing
 Baby food served from dish or whole jar
 Bottles labeled with child's name
 Outdoor spaced fenced-4 ft lic. after 1/1/25
 Outdoor equipment-developmentally appropriate for ages of the children
 Shock ab materials less than 1 1/4" -or measures in place to ensure their health & safety

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 **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)
- 141. (c)
- 142. (c)(1)
- (c)(2)
- (c)(3)
- 143. (d)
- 144. (e)
- 145. (f)
- 146. (g)

Approved Schl Age Endorsement

SCHEDULE - ACTIVITIES
 Written daily program plan-flexible schedule-available to staff/parents
 Activities not a duplication of child's day
 Activities include cognitive, physical, social, emotional needs of the children
 Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
 Ratio- 1:15
 Group size- max. 30
 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 Head teacher approved- 60%

Casimir Pulaski ^{BLA School} Program

12585

DATE OF INSPECTION 2/24/25

NIGHT CARE 19a-79-11 (b)-(10) (Y)

MONITORING OF DIABETES 19a-79-13 (Y)

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		SLEEP PROVISIONS
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled
<input type="checkbox"/>		(b)(6)(B)	Required bedding
<input type="checkbox"/>		(b)(6)(C)	Required toiletries
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants
<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

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

ADMINISTRATION OF MEDICATIONS 19a-79-9 (Y)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION
		<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.		MEDICATION TRAINING
		<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 N/A

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions
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DISCUSSIONS - COMMENTS

Policy review checklist provided during inspection highlighting changes to the childcare center regulations effective October 16 2024. Program must ensure policies are updated to reflect new requirement.

→ Health & safety training by 4/1/25 for all staff.

SIGNATURE OF OEC STAFF: *Johanne Dabo*
 PRINTED NAME: Johanne Dabo

SIGNATURE OF PERSON IN CHARGE: *Elizabeth Tiburico*
 PRINTED NAME: Elizabeth Tiburico

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: 3/10/25
 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Casimir Pulaski B/A School Program License # 12585 Date: 2/24/25

Observations/Corrections needed:

→ Regulation was not in compliance when

#18: Observed all posting in gym in a locked closet. Observed several parent picking their children up in the cafeteria. Posting are not in a conspicuous place accessible to the public.

#35(c)(2)(A-H): Observed missing required services on the health consultant agreement.

#42(a)(3)(B): Parent are not given copies of injury, illness, or incident reports.

#146(a): Head teacher not on site 60% of the time per attendance

~~#164(b)(5)~~

#165(b)(5)(c): Observed all emergency medication in backpack and plastic container accessible to children.


Controlled drug is not double lock (day time and when child is not in attendance)

→ Discussion

1 individual care plan not signed by parent

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: 
(OEC Representative)

Print Name: Johanne DeLo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)

OEC BY: 3/10/25

Print Name: Elizabeth Tiburcio