

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**CHILD CARE CENTER / GROUP CHILD CARE CENTER
INSPECTION FORM**

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

Three Little Bears Day Care	Date of Inspection: 2-25-25	Time: 11am
2009 East Main St	License Number: 70655	7-31-26
Bridgeport	Telephone Number: 203 610-2699	Open
Three Little Bear Daycare LLC	# of Staff Present: 7	# over 3 Present: 13
threelittlebearsdaycarebpt@gmail.com	Total Capacity: 38	Total Under 3 capacity: 21
Alina Gutierrez	Hours/Days of Operation: M-F 6am-6pm	# under 3 Present: 6wks, 5yrs

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: 10-1-24

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-79-3b

- 19. (a)(1)
 - 20. (a)(3)
 - 21. (b)
 - 22. (b)(4)
 - 23. (d)
 - 24. (d)(1)
 - 25. (d)(2)
 - 26. (d)(3)(A-C)
 - 27. (d)(4)(A)
 - 27. (d)(4)(B)
 - 27. (d)(6)
 - 27. (d)(4)(D)
 - 28. (d)(5)
 - 29. (d)(5)(A)
 - 29. (d)(5)(B)
 - 30. (e)(1)
 - 31. (f)(1)
 - 32. (f)(2)
 - 33. (a)(2)
 - 34. (h)(1)(2)
 - 34. (h)(1)(2)
 - 35. (4)(C)(ii-v)
 - 35. (4)(C)(i)
 - 35. (e)(6)
 - 35. (e)(6)
 - (i)(1)(A)-(D)
 - (i)
 - (i)(2)(A-H)
 - (F)
 - (i)(2)
 - (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 | ✓ | ✓ | ✓ |
| Health | ✓ | ✓ | ✓ |
| Soc. Serv. | ✓ | ✓ | ✓ |
| Dietitian | NA | NA | |

Three Little Bears Day Care

70655

225-25

RECORD KEEPING 19a-79-5

PHYSICAL PLANT 19a-79-7a

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) 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

- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls CA
- 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

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-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

- (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)
- (d)(11) Staff personal articles inaccessible
- (e)(1) AIR TEMPERATURE
- (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
- (e)(2) Air temp <65°F comfortable (Schl age only N/A)
- (e)(3) Air temp > 80 °F - ↑ fluids/ventilation
- (e)(4) Water temperature 60 °F - 120 °F
- (e)(5) Portable space heaters prohibited
- (e)(5) Walls/ceilings/floors/rugs-clean/good repair
- (e)(6) Rugs- not tripping/slipping hazard
- (e)(7) Hot water/Steam pipes protected
- (e)(7) Working phone on each level
- (e)(7) Emergency numbers posted-adjacent to phones
- (e)(7) Parents provided direct on site phone number
- (e)(8) LIGHTING
- (e)(9) 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
- (e)(10) Potentially hazardous substances, materials - labeled, inaccessible
- (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- (e)(12) Stairs-protected/good repair-handrails
- (e)(13) Toxic plants/materials inaccessible
- (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- (e)(16) Prevention of vermin-openings screened
- (e)(17) Radon test- Results: 0.4 N/A
- (e)(17) Results posted-Date: 1-9-22 (Schls-N/A)
- (e)(18) Carbon monoxide detector-each level N/A
- (f)(1)(A) Program space-adequate-35 sq. ft. per child
- (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
- (g)(3) Air conditioners, water heaters, fuse boxes inaccessible
- (g)(4) Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 8-30-24
- 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. (c)(5)(A) WATER SUPPLY (Pub)/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 10-18-23
- (c)(5)(C) Bact./Chem Test-Date: N/A
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(A) LEAD PAINT - Peeling Paint - Y/N Inside/Outside
- (c)(6)(A) Building Pre-78: N Lead Test: N
- (c)(6)(B-D) Results: No lead
- (c)(6)(B-D) Lead Management Plan: NA
- 71. (d)(1) Emergency vehicle access

- 95. (e)(10)
- 96. (e)(11)
- 97. (e)(12)
- 98. (e)(13)
- 99. (e)(14-15)
- 100. (e)(16)
- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

Three Little Bears Daycare

LICENSE NUMBER *70655*

DATE OF INSPECTION *2-25-25*

PHYSICAL PLANT 19a-79-7a cont.

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

UNDER THREE ENDORSEMENT 19a-79-10

<input checked="" type="checkbox"/> 129.		LINENS/CLOTHING
<input checked="" type="checkbox"/> (f)(1)		Linens/emergency clothing available
<input checked="" type="checkbox"/> (f)(2)		Linens washed weekly or as needed
<input checked="" type="checkbox"/> (f)(3)		Linens/clothing stored individually
<input checked="" type="checkbox"/> (f)(4)		Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> 130.		SAFE SLEEP
<input checked="" type="checkbox"/> (g)(1)		Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/> (g)(1)		Crib-slug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/> (g)(1)		Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/> (g)(2)		Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/> (g)(3)		No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/> (g)(4)		No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> (g)(5)		No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> (g)(6)		Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> (g)(7)		Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> (g)(8)		Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> (h)(1)		Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> (h)(1)		Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> (h)(2)		No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/> (h)(2)		Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> (i)(1)(2A-C)		Health consultant visits/documentation
<input checked="" type="checkbox"/> 135.		FEEDING
<input checked="" type="checkbox"/> 136.		Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> (j)		Written feeding schedule from parent-updated
<input checked="" type="checkbox"/> (k)(1)		Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/> (k)(2)		Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/> (k)(3)		Baby food served from dish or whole jar
<input checked="" type="checkbox"/> (k)(4)		Bottles labeled with child's name
<input checked="" type="checkbox"/> (k)(5)		Bottles spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/> (l)(1)		Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/> (l)(2)		Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/> 137.		
<input checked="" type="checkbox"/> 138.		
<input checked="" type="checkbox"/> 139.		

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS
<input checked="" type="checkbox"/> (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
<input checked="" type="checkbox"/> (b)		Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10

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

SCHOOL AGE ENDORSEMENT 19a-79-11

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM 22525

PROGRAM Three Little Bears DayCare **LICENSE NUMBER** 70655 **INSPECTION DATE** 3-5-20

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) YES **MONITORING OF MEDICATIONS**

<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 type="checkbox"/> 172.	STAFF TRAINING
<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"/> (i)-(iii)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(2)	Written documentation of training
<input type="checkbox"/> 153.	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (b)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> (c)(2)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> (c)(3)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> (d)(1)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> (d)(2)	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"/> (d)(3)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 173.	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 174.	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 175.	
<input type="checkbox"/> 156. (b)(10)	Local health approval	<input checked="" type="checkbox"/> 176.	
		<input checked="" type="checkbox"/> 177. (e)(1)	
		<input checked="" type="checkbox"/> 178. (e)(2)	
		<input checked="" type="checkbox"/> 179. (e)(3)	

ADMINISTRATION OF MEDICATIONS 19a-79-9a YES **ADDITIONAL VIOLATION**

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

DISCUSSIONS - COMMENTS

(This area is currently blank in the image)

SIGNATURE OF OEC STAFF	<i>Cathy Anderson</i>	SIGNATURE OF PERSON IN CHARGE	<i>Alina Gutierrez</i>
PRINTED NAME	Cathy Anderson	PRINTED NAME	Alina Gutierrez

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: 3-5-25

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Three Little Bears Day Care License # 70655 Date: 2-25-25

Observations/Corrections needed:

- Regulation not in Compliance when:
- #66 - 2 Ceiling tiles stained yellow / Brown and door frame (entrance) has wood cracking and rough to the touch.
- #109 - Small wood climber without shock absorbing material under or around
- #112 - Gap on side of building to playground fence (6"-10")

Discussed:
New regulations
 Policy Checklist provided highlighting changes to the regulations
 Program must ensure all policies are updated with all requirements.
 1 Floor tile not secured (secured at inspection)

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: Cathy Anders
(OEC Representative)
 Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3-5-25

Signature: [Signature]
(Person in Charge)
 Print Name: Alina Gutierrez