

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

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

Rise and Shine Nursery & Pre K Academy 21 Newfield Ave Hartford, CT 06106 Rise and Shine Daycare LLC riseandshine@daycarellc.org Giovanna Guspe de Ibarran	Date: 2/27/25 License #: 70644 Phone #: 860-357-8740	Time: 8:55am Duration: 4/30/26 Status: Open
# of Staff Present: 18 Total Capacity: 39	# over 3 Present: 13 Total Under 3 capacity: 23	# under 3 Present: 18 Ages Served: 6 WEEKS - 5 YRS
Hours/Days of Operation: MF 7:30am - 5:00pm		

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: 3/8/22

**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. (e) 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-79-2b**

- 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
  - 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
    - (b)(1)(2) Health & Safety training
    - (b)(1)(2) 1% annual hours
  - 34. **SWIMMING ACTIVITIES - VN**
    - (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) Consultant logs-documented activities, observations and required services
    - (i)(2) Consultant visits- Education/Health
    - (H)(i)-(I)(i) Contracts Logs Visits
- |            | 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

PROGRAM NAME KWL and SHAK NURSERY & Pre K Academy

LICENSE NUMBER 70644

INSPECTION DATE 2/27/25

**RECORD KEEPING 19a-75-3**

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

**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)
- (d)(11) Staff personal articles inaccessible

**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 11/5/24 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

- 83. (d)(11)
- 84. (e)(1)
- 85. (e)(1)
- 86. (e)(2)
- 87. (e)(3)
- 88. (e)(4)
- 89. (e)(5)
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- 97. (e)(10)
- 98. (e)(11)
- 99. (e)(12)
- 100. (e)(13)
- 101. (e)(14-15)
- 102. (e)(16)
- 103. (e)(17)
- 104. (e)(18)
- 105. (f)(1)(A)
- 106. (g)(1)
- 107. (g)(2)
- 108. (g)(3)
- 109. (g)(4)

**PHYSICAL PLANT 19a-79-7a**

- 62. (a)(2) Fire marshal codes/certificate 8/8/24
- 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 - Public Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 2/1/22
- (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: Y/N Lead Test: Y/N
- (c)(6)(B-D) Results \_\_\_\_\_
- 71. (d)(1) Lead Management Plan \_\_\_\_\_
- Emergency vehicle access

- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
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- 199. (g)(4)
- 200. (g)(4)

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

PROGRAM NAME: Red and Shrike Nursery For K Academy

LICENSE NUMBER: 70694

INSPECTION DATE: 2/27/25

**PHYSICAL PLANT 19a-79-7a cont.**

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

- 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. **FENCES**
  - (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. **ROOFTOP PLAY AREAS**
  - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. **WATER HAZARDS**
  - (i) Pools, swimming areas- (N/A)
  - (i) conforms to 19-13-B33b and 19a-36-B61
  - (i) Wading pools prohibited
  - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 129.
  - (f)(1)
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- 131. (h)(1)
- 132. (h)(1)
- 133. (h)(2)
- 134. (h)(2)
- 135. (i)(1)(2A-C)
- 136.
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- 138.
- 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-slug 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

- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- (l)(1)
- (l)(2)
- (l)(3)

**UNDER THREE ENDORSEMENT 19a-79-10 YN**

**SCHOOL AGE ENDORSEMENT 19a-79-11 YN**

- 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%

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 4**

**PROGRAM** REGINA SMITH NURSERY **LICENSE NUMBER** 70644 **DATE OF INSPECTION** 2/27/25  
**TYPE** PK ACADEMY

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-3am) Y/N** Y **MONITORING OF DIABETES 19a-79-13 Y/N** Y

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

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

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions <u>N/A</u>
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		
<input checked="" type="checkbox"/> 159. (a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b>		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	<b>MEDICATION TRAINING</b>		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage <u>N/A</u>		

**DISCUSSIONS - COMMENTS**

"Policy review checklist provided during inspection highlighting changes to the child care center regulations, effective October 16, 2024. Program must ensure policies are updated to reflect new requirements."

<b>SIGNATURE OF OEC STAFF</b>			<b>SIGNATURE OF PERSON IN CHARGE</b>
<b>PRINTED NAME</b>	Johanne Walo	Giovanna Justice	<b>PRINTED NAME</b>

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: 3/13/25

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

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rise and Shine Nursery & Pre K Academy License # 70644 Date: 2/27/25

## Observations/Corrections needed:

→ Regulation was not in compliance when....

- #1(c)(8): Last Local Health inspection dated 3/8/22
- #19(a)(i): Observed 1 staff without health record
- #35(i)(2)(A-H): Observed <sup>(3)</sup>2 consultants without <sup>(30)</sup>1 agreements without required services (per new regs)
- #35(F): Observed 1 consultant without documentation of annual review of policies
- #37(a)(i)(D)(ii): Observed 3 authorized release permission without 1 name other than parent.
- #48(a)(3): Observed 6 lunch bags with perishable food and no ice pack.
- #66(c)(2): Observed cubbies not secured (hallway, older inf, Pre K 1, T2), shelves not secured (older inf, T1), dramatic play furniture (older inf), Lockers not secured (Lobby), and hole in wall behind door of children's bathroom.
- #69(c)(5)(A): Last water test done 2/1/22
- #94(e)(9): Observed lighting in writing area less than 50c/f (Regs 37.5) -PK 2
- #111(h)(9): Observed <sup>(4)</sup>climbing equipment next to fence and other equipment

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: 

Print Name: Johanne Salo  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/13/25

Signature: 

Print Name: Gianna Giuseppe  
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rise and Shine Nursery & Pre K Academy License # 70644 Date: 2/27/25

Observations/Corrections needed:

- #121 (d)(1)(A-C): Observed staff washing toy in handwashing sink (inf)
- #128 (e)(3): Observed a wiped diaper changing cover exposing porous surface (inf)
- #128 (e)(5): Observed staff not using disposable paper sheets while changing child's diaper (inf, older inf)
- #128 (e)(6)(9): Observed a waste receptacle without cover (52)
- #128 (e)(7): Observed staff not washing hands after diapering (pld, inf)
- #130 (g)(3): Observed 1 infant sleeping in crib with bib around neck.
- #136 (e)(1): No written feeding schedule from parent.

Discussion

→ 1 individual care plan without parent signature.

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

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/13/25

Signature: [Signature]  
(Person in Charge)  
Print Name: Giovanna Guzman