



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



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:	East Hampton Nursery School	Date of Inspection:	3/3/2025	Time of Arrival:	10:15 AM
Address:	111 Main St.	License Number:	12993	Expiration Date:	2/28/2026
Town:	East Hampton, CT 06424-1105	Telephone Number:	860 267 2681	Summer Care:	Closed
Operator:	East Hampton Nursery School Inc	# of Staff Present:	2	# over 3 Present:	13
Email:	mrszimmermanehns@gmail.com	Total Capacity:	21	Total Under 3 capacity:	0
Designated Director:	Wendy Zimmerman	Hours/Days of Operation:	Monday-Friday		

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.																					
<input checked="" type="checkbox"/> 1.	(c)(8) Local Health Inspection-Date: 10/26/2024	<input checked="" type="checkbox"/> 19.	(a)(1) Staff health records																				
ADMINISTRATION 19a-79-3a		<input checked="" type="checkbox"/> 20.	(a)(3) Disciplinary actions																				
<input checked="" type="checkbox"/> 2.	(a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b) Comprehensive Background Checks																				
<input checked="" type="checkbox"/> 3.	(b) Overall management of program	<input checked="" type="checkbox"/> 22.	(b)(4) Evidence of compliance																				
<input checked="" type="checkbox"/> 4.	(b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 23.	(d) Adequate staffing																				
<input checked="" type="checkbox"/> 5.	(b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 24.	(d)(1) Designated head teacher-approved-60%																				
<input checked="" type="checkbox"/> 6.	(b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2) Two staff present-age 18 or older																				
<input checked="" type="checkbox"/> 7.	(b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C) Personal qualities of staff																				
<input checked="" type="checkbox"/> 8.	(b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 27.	RATIOS																				
<input checked="" type="checkbox"/> 9.	(b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 28.	<input checked="" type="checkbox"/> (d)(4)(A) Ratio 1:10 - Indoors/Outdoors																				
<input checked="" type="checkbox"/> 10.	(c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 29.	<input checked="" type="checkbox"/> (d)(4)(B) Mixed age group-ratios																				
<input checked="" type="checkbox"/> 11.	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 30.	<input checked="" type="checkbox"/> (d)(6) Nap time ratio																				
<input checked="" type="checkbox"/> 12.	<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 31.	<input checked="" type="checkbox"/> (d)(4)(D) Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 13.	<input checked="" type="checkbox"/> (d)(2)(B-C) Child Protection policy	<input checked="" type="checkbox"/> 32.	GROUP SIZE																				
<input checked="" type="checkbox"/> 14.	<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 33.	<input checked="" type="checkbox"/> (d)(5) Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 15.	<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (d)(5)(A) Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> 16.	<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35.	<input checked="" type="checkbox"/> (d)(5)(B) Mixed age group-group size																				
<input checked="" type="checkbox"/> 17.	<input checked="" type="checkbox"/> (d)(5) Supervision policy		<input checked="" type="checkbox"/> (e)(1) Designated director-training																				
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> (d)(6) General Operating policies		<input checked="" type="checkbox"/> (f)(1) CPR certified program staff																				
	<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy		<input checked="" type="checkbox"/> (f)(2) First aid certified program staff																				
	<input checked="" type="checkbox"/> (d)(7) Personnel policies		PROFESSIONAL DEVELOPMENT																				
	<input checked="" type="checkbox"/> (d)(1) Daily attendance-children/staff- keep 1 yr. ACCESS		<input checked="" type="checkbox"/> (a)(2) Documentation																				
	<input checked="" type="checkbox"/> (f) Immediate access by parents		<input checked="" type="checkbox"/> (h)(1)(2) Health & Safety training																				
	<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records		<input checked="" type="checkbox"/> (h)(1)(2) 1% annual hours																				
	<input checked="" type="checkbox"/> (l) 2.8 yr olds enrolled in preschool-authorization		<input checked="" type="checkbox"/> (4)(C)(ii-v) SWIMMING ACTIVITIES - Y/N																				
	<input checked="" type="checkbox"/> (m) Motor vehicle laws-transportation		<input checked="" type="checkbox"/> (4)(C)(i) Swimming-Ratios																				
	<input checked="" type="checkbox"/> (n) Capacity		<input checked="" type="checkbox"/> (e)(6) Non-swimmers identified																				
	<input checked="" type="checkbox"/> (o) Respond to OEC-no false, misleading statements or documents		<input checked="" type="checkbox"/> (e)(6) CPR certified staff-age 20 or older																				
	POSTINGS		<input checked="" type="checkbox"/> (e)(6) Lifeguard-certified-supervising																				
	<input checked="" type="checkbox"/> (e)(1) License posted		CONSULTANTS																				
	<input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted		<input checked="" type="checkbox"/> (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)																				
	<input checked="" type="checkbox"/> (e)(3) Menus posted		<input checked="" type="checkbox"/> (i) Consultant agreements-signed annually																				
	<input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances		<input checked="" type="checkbox"/> (i)(2)(A-H) Agreements complete w/required services																				
	<input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available		<input checked="" type="checkbox"/> (F) Consultant logs-documented activities, observations and required services																				
	<input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted		<input checked="" type="checkbox"/> (i)(2) Consultant visits- Education/Health																				
			<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>✓</td> <td>✓</td> <td></td> </tr> <tr> <td>Health</td> <td>✓</td> <td>✓</td> <td></td> </tr> <tr> <td>Soc. Serv.</td> <td>✓</td> <td>✓</td> <td></td> </tr> <tr> <td>Dietitian</td> <td>N/A</td> <td>N/A</td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	✓	✓		Health	✓	✓		Soc. Serv.	✓	✓		Dietitian	N/A	N/A	
	Contracts	Logs	Visits																				
Education	✓	✓																					
Health	✓	✓																					
Soc. Serv.	✓	✓																					
Dietitian	N/A	N/A																					

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

PROGRAM NAME	East Hampton Nursery School	LICENSE NUMBER	12993	DATE OF INSPECTION	3/3/2025
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37. <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C) (a)(1)(D)(i) (a)(1)(D)(ii) (a)(1)(D)(iii) (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76. <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> 80. <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.	(d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) (d)(8) (d)(8) (d)(9) (d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(D) (d)(10)(E) (d)(10)(E) (d)(10)(F) (d)(10)(G) (d)(10)(H) (d)(11) (e)(1) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7) (e)(8) (e)(9) (e)(9) (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)	Walkways maintained Windows protected to prevent falls Window screens (Schl age only- N/A) Glass and mirrors protected to 36" Overhead doors-locking devices, spring protectors Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 schl age only Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) Air temp <65°F comfortable (Schl age only-N/A) Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60 °F - 120 °F Portable space heaters prohibited Walls/ceilings/floors/rugs-clean/good repair Rugs- not tripping/slipping hazard Hot water/Steam pipes protected Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials - labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Prevention of vermin-openings screened Radon test- Results: 12/3/1993 N/A Results posted-Date: 1/4 (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials
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HEALTH and SAFETY 19a-79-6a

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

<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65. <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69. <input checked="" type="checkbox"/> 70. <input checked="" type="checkbox"/> 71.	(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) (c)(5)(A) (c)(5)(B) (c)(5)(C) (c)(6)(A) (c)(6)(B-D) (d)(1)	Fire marshal codes/certificate 9/14/2024 Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program established Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) N/A Testing of premises/grounds for chemicals WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: 6/7/2022 N/A Bact./Chem Test-Date: N/A Drinking water available/accessible LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78 Y/N Lead Test Y/N Results No lead Lead Management Plan N/A Emergency vehicle access
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 3

PROGRAM NAME	East Hampton Nursery School	LICENSE NUMBER	12993	DATE OF INSPECTION	3/3/2025
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PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.		<u>LINENS/CLOTHING</u>
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	N/A	<input type="checkbox"/> (f)(1)	Linens/emergency clothing available
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (f)(2)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>	<input checked="" type="checkbox"/> 130.	<input type="checkbox"/> (f)(3)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (h)(1)	Adequate space-75 sq. ft. per child		<input type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (g)(1)	<u>SAFE SLEEP</u>
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	N/A	<input type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request		<input type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCING</u>		<input type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	N/A	(h)(1)	Infant toys-separate/washed/sanitized daily
	<input checked="" type="checkbox"/> (i)	<u>WATER HAZARDS</u>		(h)(1)	Toddler toys-washed/sanitized weekly
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61	N/A	(h)(2)	No toys/objects less than 1 1/4" diameter
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited		(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible	N/A	(i)(1)(2A-C)	Health consultant visits/documentation

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate	N/A	<input type="checkbox"/> (j)	<u>FEEDING</u>
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>		<input type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	<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 type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games		<input type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
				<input type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing
				<input type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
				(l)(1)	Bottles labeled with child's name
				(l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25
				(l)(3)	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

UNDER THREE ENDORSEMENT 19a-79-10 Y/N SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input type="checkbox"/> 141.	<input type="checkbox"/> (c)	<u>SCHEDULE - ACTIVITIES</u>
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)		<input type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors		<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		<input type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/> 122.	(d)(2)(A1-III)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	N/A		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots		(d)	Ratio- 1:15
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray		(e)	Group size- max. 30
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment		(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities		(g)	Head teacher approved- 60%
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
<input type="checkbox"/> 128.		<u>DIAPERING</u>			
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail	<input type="checkbox"/> 143.		
	<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area	<input type="checkbox"/> 144.		
	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair	<input type="checkbox"/> 145.		
	<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use	<input type="checkbox"/> 146.		
	<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets			
	<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily			
	<input type="checkbox"/> (e)(7)	Handwashing-staff/children			
	<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed			
	<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME	East Hampton Nursery School	LICENSE NUMBER	12993	DATE OF INSPECTION	3/3/2025
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	<input checked="" type="checkbox"/>	MONITORING OF DIABETES 19a-79-13 Y/N	<input checked="" type="checkbox"/>
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<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)	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)(B)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (i)-(iii)	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)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input type="checkbox"/> 155. (b)(9)	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"/> 156. (b)(10)	Fire marshal approval-hours specified		
	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	<input checked="" type="checkbox"/>	ADDITIONAL VIOLATION	
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<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	N/A	N/A
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION	DISCUSSIONS - COMMENTS	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors	Discussed new regulations and had program staff print new policies/procedures with coordinating checklist for updating policies, printed consultant agreements, logs. observed rust on some of outdoor fencing - must be corrected once weather is warm enough to paint. observed 1 window in playground with screen pulled up as if is an emergency exit window. screen to be pulled down to protect glass when playground is in use.	
<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)	MEDICATION TRAINING		
<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		

SIGNATURE OF OEC STAFF	<i>Budget L. Merrin</i>	SIGNATURE OF PERSON IN CHARGE	<i>Wendy Zimmerman</i>
PRINTED NAME	BUDGET L. MERRIN	PRINTED NAME	Wendy Zimmerman

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: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 3/17/2025	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: East Hampton Nursery School License # 12993 Date: 3/3/2025

Observations/Corrections needed:

- #1(c)(3): observed local health inspection to be more than 2 years old - submit copy
- #35(i)(2)(A-H): observed consultant agreements missing wording/language as specified in October 2024 regulations
- #35(F): observed last logged health consultant visit January 2023
- #37(a)(1)(D)(i): observed no documentation of emergency medical permission for 5 of 5 child records sampled
- #37(a)(1)(D)(ii): observed no documentation of pick up person(s) with phone number(s) other than parents for 1 of 5 child records sampled
- #41(c)(5)(A): observed lead water test to be more than 2 years old - submit copy

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: [Signature]
(OEC Representative)
Print Name: BRENDA L. MERRILL

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: Wendy Zimmerman

OEC BY: 3/17/2025