

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

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

Center Name	Growing Seeds Child Development Center	Inspection Date	3.3.25	Time of Day	8:35 am
Address	2 Trinity Place	Phone Number	16198	Inspection Period	3.31.26
City	Norwalk	Telephone Number	203 857-0708	Status	Open
Operator	Growing Seeds Child Development Center LLC	# of Staff Present	5	# over 3 Present	10
Contact	growingseeds@stcglobal.net	Total Capacity	38	Total Under 3 capacity	8
Inspector	Stephanie Crosswell	Hours/Days of Operation	M-F 8am-5pm		

Instruction Codes: N/A - Not applicable at this time ✓ - Registration in Compliance ○ - Registration in Progress

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

LICENSURE PROCEDURES 19a-79-2a STAFFING and CONSULTANTS 19a-79-4a cont.

1. (c)(8) Local Health Inspection-Date: 7.14.23

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

- 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
 - (h)(1)(2) Health & Safety training
 - (h)(1)(2) 1% annual hours
 - 34. **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
 - 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
- | | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education | ✓ | ✓ | ✓ |
| Health | ✓ | ✓ | ✓ |
| Soc. Serv. | INC | ✓ | ✓ |
| Dietitian | N/A | N/A | ✓ |

PROGRAM NAME Learning Seeds Child Dev Center

LICENSE NUMBER 16198

DATE 3.3.25

RECORD KEEPING 19a-79-5

PHYSICAL PLANT 19a-79-7a cont.

- 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
- (a)(2)(A-B) Transportation permission
- 38. (a)(2)(C) Child Health Records
- 39. (a)(2)(E) Immunization records
- 40. (a)(3)(A) Individual care plan-signed by parents/staff
- 41. (a)(3)(B) Injury, illness, Incident, Accident reports
- 42. (a)(3)(C)(i-ii) Parent notification of illness or injury
- 43. (a)(3)(D) Notify OEC of serious injuries, fatality
- 44. (a)(4) 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
- 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)(10) 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: 2.5 N/A
- (e)(18) Results posted-Date: 12.16.04 (Schls-N/A)
- (f)(1)(A) Carbon monoxide detector-each level N/A
- (g)(1) Program space-adequate-35 sq. ft. per child
- (g)(2) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- (g)(3) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
- (g)(4) 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 2.12.25
- 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. **WATER SUPPLY** - Public/Well (Schools-N/A)
- (c)(5)(A) Lead Water Test - Date: 2.6.24
- (c)(5)(B) Bact./Chem Test-Date: N/A
- (c)(5)(C) Drinking water available/accessible
- 70. **LEAD PAINT** -
- (c)(6)(A) Peeling Paint - Y/N Inside/Outside
- (c)(6)(B-D) Building Pre-78 Y/N Lead Test: Y/N Results NO LEAD
- (c)(6)(B-D) Lead Management Plan _____
- 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)

CHILD CARE CENTER INSPECTION CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Common Seeds Child Dev Center

NUMBER: 16198

DATE: 3.3.25

PHYSICAL PLANT

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

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

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

SCHOOL AGE ENDORSEMENT 19a-79-11

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

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

PROGRAM NAME: Common Seeds Child Dev Center LICENSE NUMBER: 16198 DATE OF INSPECTION: 3.25

MONITORING OF DIABETES 19a-79-13

<input checked="" type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input checked="" 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) (i)-(iii)	Staff training - first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input 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. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	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)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	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) 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		(N/A)
<input type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION		
<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)	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 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 (N/A)		

DISCUSSIONS - COMMENTS

Regulation not in compliance when... (Send a copy)

36 (1)(2)(A-H) - Social service contract incomplete with services required.

37 (1)(1)(D)(iii) - no field trip permissions for neighborhood walks

40 (a)(2)(E) - Allergoi individual care plan not signed by parent

46 (c)(2) - stained ceiling tiles - AK 6, Butterflies 3, BB 3, Butterflies rusted microwave, Furniture not secured - BB wood refrigerator and shelving unit, AK wood refrigerator, sink, shelf and wire not secured in library, AK fire alarm detached from ceiling and not secured.

161 (b)(3)(A-B) - 1 authorization form has incomplete parent section.

163 (b)(4)(A-B) - MAR not complete with pharmacy name, med order and prescription # and logs are complete for administrations.

11(h)(3) - cement platform outside door has 4" crack that poses tripping hazard.

66 continued - floor molding in child bathroom has peeling paint

DISCUSSION - new regulations / checklist (policy) provided

- 1 child missing physician #.

- 3 yr old agreement forms

- ground frozen. Director is responsible to ensure 8" if impact absorbing material at all times. Inspector cannot measure today.

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Lori Mangano	PRINTED NAME	Marissa Serrano

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: 3/17/25

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