

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

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
Jericho Partnership ASL	pending	3/16/25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission <input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records <input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records <input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. (d)(2) <input checked="" type="checkbox"/> 73. (d)(3) <input checked="" type="checkbox"/> 74. (d)(3) <input checked="" type="checkbox"/> 75. (d)(4) <input checked="" type="checkbox"/> 76. (d)(5) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) <input checked="" type="checkbox"/> 78. (d)(7) <input checked="" type="checkbox"/> 79. (d)(8) <input checked="" type="checkbox"/> 80. (d)(8) <input checked="" type="checkbox"/> 81. (d)(9) <input checked="" type="checkbox"/> 82. (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(D) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> 83. (d)(10)(G) <input checked="" type="checkbox"/> 84. (d)(10)(H) <input checked="" type="checkbox"/> 85. (d)(11) <input checked="" type="checkbox"/> 86. (e)(3) <input checked="" type="checkbox"/> 87. (e)(4) <input checked="" type="checkbox"/> 88. (e)(5) <input checked="" type="checkbox"/> 89. (e)(5) <input checked="" type="checkbox"/> 90. (e)(6) <input checked="" type="checkbox"/> 91. (e)(7) <input checked="" type="checkbox"/> 92. (e)(7) <input checked="" type="checkbox"/> 93. (e)(7) <input checked="" type="checkbox"/> 94. (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> 95. (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (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 N/A 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: <u>.9</u> N/A Results posted-Date: <u>1/9/25</u> (Schl 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
HEALTH and SAFETY 19a-79-6a		
<input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection N/A <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags		
PHYSICAL PLANT 19a-79-7a		
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>1/7/25</u> <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: <u>n/a</u> N/A <input checked="" type="checkbox"/> 70. (c)(5)(B) Drinking water available/accessible <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> 70. (c)(6)(A) LEAD PAINT - Peeling Paint - Y(N) Inside/Outside Building Pre-78: Y(N) Lead Test: Y(N) Results _____ <input checked="" type="checkbox"/> 71. (d)(1) Lead Management Plan _____ Emergency vehicle access		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	Jericho Partnership <i>ASL</i>	LICENSE NUMBER	Pending	DATE OF INSPECTION	3/6/25
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PHYSICAL PLANT 19a-79-7a cont. <i>program</i>	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input type="checkbox"/>	129.		LINENS/CLOTHING
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<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.		OUTDOOR SPACE	<input type="checkbox"/>	130.	(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)	SAFE SLEEP
<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	<input type="checkbox"/>		(g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request	<input type="checkbox"/>		(g)(3)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible	<input type="checkbox"/>		(g)(4)	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)(5)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/>	112.	(h)(7)	OUTDOOR PROTECTED/FENCING	<input type="checkbox"/>		(g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/>		(h)(7)(A)	Playground protected from traffic, water, gullies or other hazards	<input type="checkbox"/>		(g)(7)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/>	113.	(h)(7)(B)	Fences installed to protect from hazards-4 ft	<input type="checkbox"/>		(g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>		(h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input type="checkbox"/>	131.	(h)(1)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A	<input type="checkbox"/>	132.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>	114.	(i)	WATER HAZARDS	<input type="checkbox"/>	133.	(h)(2)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A	<input type="checkbox"/>	134.	(h)(2)	No toys/objects less than 1 1/4 " diameter
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited	<input type="checkbox"/>	135.	(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible N/A	<input type="checkbox"/>	136.	(j)	Health consultant visits/documentation

EDUCATIONAL REQUIREMENTS 19a-79-8a	
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<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input type="checkbox"/>	137.		FEEDING
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS	<input type="checkbox"/>	138.	(l)(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"/>	139.	(l)(2)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/>		(b)	Limited access to screen time/video games	<input type="checkbox"/>		(l)(3)	Unused formula/milk discarded after feedings

UNDER THREE ENDORSEMENT 19a-79-10 Y/N <i>(N)</i>	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N
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<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" 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 checked="" type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/>	143.	(d)	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	<input checked="" type="checkbox"/>	144.	(e)	Ratio- 1:15
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/>	145.	(f)	Group size- max. 30
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/>	146.	(g)	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				Head teacher approved- 60%
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free				
<input type="checkbox"/>	128.		DIAPERING				
<input type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail				
<input type="checkbox"/>		(e)(2)	Diaper area: used only for this purpose, located in the program area				
<input type="checkbox"/>		(e)(3)	Diaper area: non-porous surface/good repair				
<input type="checkbox"/>		(e)(4)	Diaper area: washed/disinfected after use				
<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 Jericho Partnership ^{PSC} program **LICENSE NUMBER** pending **DATE OF INSPECTION** 3/10/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N**

<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) (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. (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

DISCUSSIONS - COMMENTS

<input checked="" 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 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 *Kristin Morgan* *Jaime Fortin* **SIGNATURE OF PERSON IN CHARGE** *Daisy Torres*
PRINTED NAME Kristin Morgan Jaime Fortin **PRINTED NAME** Daisy Torres

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Inspection shall be posted or available for review upon request.

Help Desk: (800)282-6063 or (860)500-4450 **Written Corrective Action Plan Due by:** prior to license issued
Website: www.ctoec.org/licensing **Email:** oec.licensing@ct.gov **CAP:** https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jericho Partnership ASL program License # pending Date: 3/6/25

Observations/Corrections needed:

- all items ✓ were either in compliance or discussed at visit
- technical assistance given on new regulations.
- program starting with 2 staff and only 16 children.
- discussed outdoor/physical activity added to schedule.
- menus to be posted when program opens.
- emergency egress maps for each room.
- 66 - observed bookshelves unsecured in all rooms.
- 69 (CXS)UA - Lead water test not observed
- 86 - water temp in downstairs "nurse's room" measured at 125°+
- 102 - Co detectors not observed.

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: Kristi Morgan
Kristi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to license issued and oec supervisors approval.

Signature: Dotsy Torres
Dotsy Torres
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jericho Partnership Afterschool program license # pending Date: 3/6/25

Observations/Corrections needed:

Measurements:

Multipurpose Room # of childrens toilets = 10

38 x 48.2 = 1831.6

of childrens sinks = 10

(7.10 x 9.4) = 66.74

Adult 2/2.

1764.86 ÷ 35 = 50

Rm 210/class 4

Rm 209/class 3

18.5 x 23 = 425.50

34.7 x 16.8 = 582.96 = 572.32 ÷ 35

(2.7 x 4.9) = 13.23

(2.4 x 2.8) = 6.72
(1 x 1.4) = 3.92 = 10

412.27 ÷ 35 = 11.7

Rm 208/class 2

Rm 206/class 1

213/class 5

34.7 x 16.4 = 576.02

16.9 x 35.8 = 605.02

25.7 x 24 = 614.80

(2.7 x 4.9) = 13.23

(2.7 x 4.9) = 13.23

(2.7) x 4.9 = 13.23

562.79 ÷ 35 = 16

591.79 ÷ 35 = 16

608.87 ÷ 35 = 17

214/class 6

215/class 7

playground

29.2 x 18.2 = 531.44

16.9 x 14.8 = 250.12

41.2 x 75 = 4,590

(5.5 x 14) = 77

13.9 x 5 = 69.5

Δ(48 x 52) x 2 = 2,498

(.8 x 5.4) x 2 = 8.64

319.62 = 11.76

5838 ÷ 75 = 77

(2.7 x 4.9) = 13.23

307.86 ÷ 35 = 8

434.04 ÷ 35 = 12

Total Capacity = 96

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: Krim (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to license issued and OEC Supervisor approval.

Signature: Dotsy Torres (Person in Charge)