

**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:	First Cong Church <sup>Day Care &amp; Nursery</sup> School	Date of Inspection:	3/3/25	Time of Arrival:	9:30 am
Address:	111 Church Drive	License Number:	14264	Expiration Date:	7/31/25
Town:	Cheshire 06410	Telephone Number:	203-699-1169	Summer Care:	open
Operator:	First Cong. Church Daycare and Nursery School Inc.	# of Staff Present:	9	# over 3 Present:	39
Email:	brenda@1stchurchpreschool.org	Total Capacity:	48	Total Under 3 capacity:	0
Designated Director:	Brenda Kelley	Hours/Days of Operation:	M-F 7:30 am to 5:30pm		

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.**

1. (c)(8) Local Health Inspection-Date: 7/25/23

**ADMINISTRATION 19a-79-3a**

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<b>POLICIES-COMplete/IMPLEMENTED</b>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy ★
<input checked="" type="checkbox"/> (d)(2)(B)-C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill ★
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy ★
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input type="checkbox"/> 13.	<b>ACCESS</b>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<b>POSTINGS</b>
<input checked="" type="checkbox"/> (e)(1)	License posted
<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> (e)(3)	Menus posted
<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

<input checked="" type="checkbox"/> 19.	(a)(1)
<input checked="" type="checkbox"/> 20.	(a)(3)
<input checked="" type="checkbox"/> 21.	(b)
<input checked="" type="checkbox"/> 22.	(b)(4)
<input checked="" type="checkbox"/> 23.	(d)
<input checked="" type="checkbox"/> 24.	(d)(1)
<input checked="" type="checkbox"/> 25.	(d)(2)
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)
<input checked="" type="checkbox"/> 27.	(d)(4)(A)
<input checked="" type="checkbox"/> (d)(4)(B)	
<input checked="" type="checkbox"/> (d)(6)	
<input checked="" type="checkbox"/> 28.	(d)(4)(D)
<input checked="" type="checkbox"/> 29.	(d)(5)
<input checked="" type="checkbox"/> (d)(5)(A)	
<input checked="" type="checkbox"/> (d)(5)(B)	
<input checked="" type="checkbox"/> 30.	(e)(1)
<input checked="" type="checkbox"/> 31.	(f)(1)
<input checked="" type="checkbox"/> 32.	(f)(2)
<input checked="" type="checkbox"/> 33.	(a)(2)
<input checked="" type="checkbox"/> (h)(1)(2)	
<input checked="" type="checkbox"/> (h)(1)(2)	
<input checked="" type="checkbox"/> 34.	(4)(C)(ii-v)
<input checked="" type="checkbox"/> (4)(C)(i)	
<input checked="" type="checkbox"/> (e)(6)	
<input checked="" type="checkbox"/> (e)(6)	
<input type="checkbox"/> 35.	(i)(1)(A)-(D)
<input checked="" type="checkbox"/> (i)	
<input type="checkbox"/> (i)(2)(A-H)	
<input checked="" type="checkbox"/> (F)	
<input checked="" type="checkbox"/> (i)(2)	
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

Staff health records  
Disciplinary actions  
Comprehensive Background Checks  
Evidence of compliance  
Adequate staffing  
Designated head teacher-approved-60%  
Two staff present-age 18 or older  
Personal qualities of staff

**RATIOS**  
Ratio 1:10 – Indoors/Outdoors  
Mixed age group-ratios  
Nap time ratio  
Supervision-Indoors/Outdoors

**GROUP SIZE**  
Group Size-Indoors/Outdoors  
Group Size-school age field trips/outdoors  
Mixed age group-group size  
Designated director-training  
CPR certified program staff  
First aid certified program staff

**PROFESSIONAL DEVELOPMENT**  
Documentation  
Health & Safety training ★  
1% annual hours

**SWIMMING ACTIVITIES - Y(N)**  
Swimming-Ratios  
Non-swimmers identified  
CPR certified staff-age 20 or older  
Lifeguard-certified-supervising

**CONSULTANTS ★**  
Consultants-Education, Health, Social Service, Dietitian (N/A)  
Consultant agreements-signed annually  
Agreements complete w/required services  
Consultant logs-documented activities, observations and required services  
Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	
Dietitian	n/a	n/a	

PROGRAM NAME: First Cong. Church Day Care and NS LICENSE NUMBER: 14264 DATE OF INSPECTION: 3/3/25

**RECORD KEEPING 19a-79-5**

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

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

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
	<input checked="" type="checkbox"/> (d)(11)	Staff personal articles inaccessible
		<b>AIR TEMPERATURE</b>
	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
	<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	<input checked="" type="checkbox"/> (e)(3)	Water temperature 60 °F – 120 °F
	<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	<input checked="" type="checkbox"/> (e)(5)	Rugs- not tripping/slipping hazard
	<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
		<b>LIGHTING</b>
	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
	<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
	<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
	<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
	<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
	<input checked="" type="checkbox"/> (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (e)(16)	Prevention of vermin-openings screened
	<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: <u>1.7</u> N/A
	<input checked="" type="checkbox"/> (e)(18)	Results posted-Date: <u>3/1/09</u> (Schls-N/A)
	<input checked="" type="checkbox"/> (f)(1)(A)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (g)(1)	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
	<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
	<input checked="" type="checkbox"/> (g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
	<input checked="" type="checkbox"/> (g)(4)	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.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -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.	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -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>10/17/24</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.		<b>WATER SUPPLY</b> – Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test – Date: <u>4/21/23</u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		<b>LEAD PAINT</b> -
	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint – Y/N Inside/Outside
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Results _____
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u>monitor monthly</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(11)	
<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)	

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

PROGRAM NAME: First Cong. church day care & NS LICENSE NUMBER: 14264 DATE OF INSPECTION: 3.3.25

**PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.**

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

- 129.
  - (f)(1)
  - (f)(2)
  - (f)(3)
  - (f)(4)
- 130.
  - (g)(1)
  - (g)(1)
  - (g)(1)
  - (g)(2)
  - (g)(3)
  - (g)(4)
  - (g)(5)
  - (g)(6)
  - (g)(7)
  - (g)(8)
- 131. (h)(1)
- 132. (h)(1)
- 133. (h)(2)
- 134. (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 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-snug 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

**UNDER THREE ENDORSEMENT 19a-79-10 Y/N**

**SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N**

- 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) Approved Schl Age Endorsement
- 141.  (c) SCHEDULE - ACTIVITIES
- 142.  (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
- (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%

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

PROGRAM NAME: First Cong. church day care & NS LICENSE NUMBER: 14264 DATE OF INSPECTION: 3.3.25

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 type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input type="checkbox"/> 172.	<b>STAFF TRAINING</b>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> (b)(1)(B) (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 type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153.	<b>SLEEP PROVISIONS</b>	<input type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input type="checkbox"/> 173. (e)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input 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 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		

DISCUSSIONS - COMMENTS

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

SIGNATURE OF OEC STAFF	<u>Betty mayer</u>	SIGNATURE OF PERSON IN CHARGE	<u>Brenda Ward-Kelley</u>
PRINTED NAME	<u>Betty Mayer</u>	PRINTED NAME	<u>Brenda Ward-Kelley</u>

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](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto: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/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Cong. and Church Day Care License # 14264 Date: 3.3.25  
Nursery School

Observations/Corrections needed:

Program not in compliance when... health  
#35(i)(2)(A-H) education, social service^ and consultant  
contracts missing all required services.

Discussed: new regulations | updating policies  
updated complaint procedure provided  
policy review checklist provided

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: Betty Mayer  
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Brenda Ward-Kelley  
(Person in Charge)

OEC BY: 3/17/25

Print Name: Brenda Ward-Kelley