

INSPECTION FORM

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

Children of America  
1199 Silas Deane Highway  
Wethersfield, CT 06109  
Children of America LLC  
Coanethersfield@childrenofamerica.com  
Lauren Eldridge

3/12/25  
70648  
9592232100

8:30am  
5/31/26  
open

# of Staff Present: 20 # over 3 Present: 30 # under 3 Present: 48  
Total Capacity: 136 Total Under 3 capacity: 56 Ages Served: low-12yds  
M-F 6:30am-6:30pm

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

REGULATIONS 19a-79-2a REGULATIONS and CONSULTANTS 19a-79-4a cont.

(c)(8)	Local Health Inspection-Date: 3/12/25	<input checked="" type="checkbox"/> 19. <input checked="" type="checkbox"/> 20. <input checked="" type="checkbox"/> 21. <input checked="" type="checkbox"/> 22. <input checked="" type="checkbox"/> 23. <input checked="" type="checkbox"/> 24. <input checked="" type="checkbox"/> 25. <input checked="" type="checkbox"/> 26. <input checked="" type="checkbox"/> 27.	(a)(1) (a)(3) (b) (b)(4) (d) (d)(1) (d)(2) (d)(3)(A-C) <input checked="" type="checkbox"/> (d)(4)(A) <input checked="" type="checkbox"/> (d)(4)(B) <input checked="" type="checkbox"/> (d)(6) (d)(4)(D) <input checked="" type="checkbox"/> (d)(5) <input checked="" type="checkbox"/> (d)(5)(A) <input checked="" type="checkbox"/> (d)(5)(B) (e)(1) (f)(1) (f)(2) <input type="checkbox"/> (a)(2) <input checked="" type="checkbox"/> (h)(1)(2) <input type="checkbox"/> (h)(1)(2) <input checked="" type="checkbox"/> (4)(C)(ii-v) <input checked="" type="checkbox"/> (4)(C)(i) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> (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) (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 <b>RATIOS</b> Ratio 1:10 - Indoors/Outdoors Mixed age group-ratios Nap time ratio Supervision-Indoors/Outdoors <b>GROUP SIZE</b> 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 <b>PROFESSIONAL DEVELOPMENT</b> Documentation Health & Safety training 1% annual hours <b>SWIMMING ACTIVITIES - Y/N</b> Swimming-Ratios Non-swimmers identified CPR certified staff-age 20 or older Lifeguard-certified-supervising <b>CONSULTANTS</b> 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
(a) (b) (b)(6) (b)(6) (b)(7)(A) (b)(7)(B)  (b)(7)(C) (b)(7)(E) (c)(1-4)  <input checked="" type="checkbox"/> (d)(2)(A) <input checked="" type="checkbox"/> (d)(2)(B)-C <input checked="" type="checkbox"/> (d)(3) <input checked="" type="checkbox"/> (d)(4)(A) <input checked="" type="checkbox"/> (d)(4)(B) <input type="checkbox"/> (d)(5) <input checked="" type="checkbox"/> (d)(6) <input checked="" type="checkbox"/> (d)(6)(C) <input checked="" type="checkbox"/> (d)(7)  12. (d)(1) 13.  14. (f) 15. (h)  16. (l) 17. (m) 18. (n) 19. (o)  <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(3) <input checked="" type="checkbox"/> (e)(4) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6)	Ensuring health & safety of children Overall management of program Employee orientation for new program staff Annual policy training for program staff Child behavior management Documentation that parents were informed of behavior management techniques Child Protection Mandated Reporting Notification of Change <b>POLICIES-COMplete/IMPLEMENTED</b> Discipline policy Child Protection policy Closing time policy Medical emergency policy Multi-Hazards policy-annual drill Supervision policy General Operating policies Administrative Oversight policy Personnel policies Daily attendance-children/staff- keep 1 yr. <b>ACCESS</b> Immediate access by parents Immediate access by OEC-facility/records 2.8 yr olds enrolled in preschool-authorization Motor vehicle laws-transportation Capacity Respond to OEC-no false, misleading statements or documents <b>POSTINGS</b> License posted OEC Complaint Procedure posted Menus posted No Smoking posted signs at entrances OEC Inspection report posted or available Developmental Milestones posted	<input checked="" type="checkbox"/> 28. <input checked="" type="checkbox"/> 29.  <input checked="" type="checkbox"/> 30. <input checked="" type="checkbox"/> 31. <input checked="" type="checkbox"/> 32. <input type="checkbox"/> 33.  <input checked="" type="checkbox"/> 34.  <input type="checkbox"/> 35.		

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	0	✓	
Dietitian	0	✓	

Children of America

70048

3/12/2

✓ 36.	(a)(1)(A-C)	Children's Enrollment information
✓ 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
✓ 38.	(a)(2)(A-B)	Child Health Records
✓ 39.	(a)(2)(C)	Immunization records
✓ 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
✓ 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
✓ 42.	(a)(3)(B)	Parent notification of illness or injury
✓ 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
✓ 44.	(a)(3)(D)	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 0)
✓ 75.	(d)(4)	Glass and mirrors protected to 36"
✓ 76.	(d)(5)	Overhead doors-locking devices, spring protectors
✓ 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 - or protected (Schl age 0)
✓ 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 0
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Gart
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or premises
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Hc)
✓ 83.	(d)(11)	Staff personal articles inaccessible

**HEALTH and SAFETY 19a-79-6a**

✓ 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
✓ 47.	(a)(2)	Nutritious meals and snacks
✓ 48.	(a)(3)	Proper refrigeration-41 degrees
✓ 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
✓ 50.	(a)(5)	Food Service Inspection <u>3/10/25</u> 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.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
✓ 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
✓ 61.	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

✓ 84.		
✓ 85.		
✓ 86.	(e)(3)	
✓ 87.	(e)(4)	
✓ 88.	(e)(5)	
✓ 89.	(e)(5)	
✓ 90.	(e)(6)	
✓ 91.	(e)(7)	
✓ 92.	(e)(7)	
✓ 93.	(e)(7)	
✓ 94.		
⊖ (e)(1)		
<input checked="" type="checkbox"/> (e)(1)		Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age 0)
<input checked="" type="checkbox"/> (e)(2)		Air temp < 65°F comfortable (Schl age 0)
		Air temp > 80 °F - ↑ fluids/ventilation
		Water temperature 60 °F - 120 °F
		Portable space heaters prohibited
		Walls/ceilings/floors/rugs-clean/good
		Rugs- not tripping/slipping hazard
		Hot water/Steam pipes protected
		Working phone on each level
		Emergency numbers posted-adjacent
		Parents provided direct on site phone
		<b>LIGHTING</b>
		All areas min. 1 foot candle of lighting
		Adequate lighting-30/50 candle feet-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, in good repair
		Stairs-protected/good repair-handrails
		Toxic plants/materials inaccessible
		Pets or other animals-in good health
		care plan including access to children
		Prevention of vermin-openings screened
		Radon test- Results: <u>1.0</u>
		Results posted-Date: <u>1/29/24</u>
		Carbon monoxide detector-each level
		Program space-adequate-35 sq. ft.
		Equipment-clean and safe, good repair
		toxic-sturdy, free from protruding
		Adequate equipment for rest-cleaning (Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fire extinguishers accessible
		Developmentally appropriate equipment

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

✓ 62.	(a)(2)	Fire marshal codes/certificate <u>4/24/24</u>
✓ 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.	<input checked="" type="checkbox"/> (c)(5)(A)	<b>WATER SUPPLY</b> - Public Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>1/29/24</u> N/A
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____
✓ 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____
✓ 71.	(d)(1)	Emergency vehicle access

⊖ 95.		
✓ 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)	

<b>PROGRAM NAME</b> <u>Children of America</u>	<b>LICENSE NUMBER</b> <u>70648</u>	<b>DATE OF INSPECTION</b> <u>3/2</u>
<b>PHYSICAL PLANT</b> <u>19a-72-7a cont.</u>		<b>UNDER THREE ENDORSEMENT</b> <u>19a-79-10</u>

✓ 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.		<b>OUTDOOR SPACE</b>
	✓ (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 play. Inspection upon request
	✓ (h)(8)	Drinking water available/accessible
	✓ (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
✓ 112.		<b>OUTDOOR PROTECTED/FENCING</b>
	✓ (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.		<b>WATER HAZARDS</b>
	✓ (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.		<b>LINENS/CLOTHING</b>
	✓ (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 !
(u) 130.		<b>SAFE SLEEP</b>
	✓ (g)(1)	Under 12 mths placed on back for sleeping
	✓ (g)(1)	Crib-snug fitting mattress/tightly fitted s
	✓ (g)(1)	Alternate sleep position/equipment-medi documentation for medical reason on file
	✓ (g)(2)	Infants allowed to adopt other sleep posit
	✓ (g)(3)	No items in/on cribs-blankets, toys, bum pillows, weighted blankets/sleepers/swad
	✓ (g)(4)	No unapproved sleeping-car seats/swings/bed
	✓ (g)(5)	No swaddling w/o written documentation
	✓ (g)(6)	MD/PA/APRN- instructions/timeframes
	✓ (g)(7)	Observe/assess infants at least every 15 m
	✓ (g)(8)	Teething necklaces/bracelets, jewelry inacc
	(h)(1)	Safe sleep policies posted/parents inform
✓ 131.	(h)(1)	Infant toys-separate/washed/sanitized da
✓ 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 inaccessi unless under direct supervision
✓ 135.	(i)(1)(2A-C)	Health consultant visits/documentation
✓ 136.		<b>FEEDING</b>
	✓ (j)	Infants held for bottles - chairs for feedin individual attn, tummy time, crawl/toddl
	✓ (k)(1)	Written feeding schedule from parent-up
	✓ (k)(2)	Unused formula/milk discarded after fee
	✓ (k)(3)	Clean bottles/disposable bottles/appvd w
	✓ (k)(4)	Baby food served from dish or whole jar
	✓ (k)(5)	Bottles labeled with child's name
✓ 137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1
✓ 138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
✓ 139.	(l)(3)	Shock ab materials less than 1 1/4 "-or me in place to ensure their health & safety

<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>		
✓ 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
✓ 116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
	✓ (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

<b>UNDER THREE ENDORSEMENT 19a-79-10</b>		
✓ 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
		Cribs-in compliance w/CPSC (manf. after 6/28/11)
✓ 122.	(d)(2)(A-i-iii)	Washable cots
✓ 123.	(d)(2)(B)	Chairs for feeding-stable base-safety straps-locking tray
✓ 124.	(d)(2)(C)	Dev. appropriate tables/chairs/equipment
✓ 125.	(d)(2)(D)	Refrigerator and food prep facilities
✓ 126.	(d)(2)(E)	Optional furniture/equip-safe/hazard free
✓ 127.	(d)(3)(A-C)	<b>DIAPERING</b>
✓ 128.		Diaper area: elevated/sturdy/safety rail
	✓ (e)(1)	Diaper area: used only for this purpose, located in the program area
	✓ (e)(2)	Diaper area: non-porous surface/good repair
	✓ (e)(3)	Diaper area: washed/disinfected after use
	✓ (e)(4)	Diaper area: disposable paper sheets
	✓ (e)(5)	Covered waste receptacle-removed daily
	✓ (e)(6)(9)	Handwashing-staff/children
	✓ (e)(7)	Diapering-Handwashing policies-posted/followed
	✓ (e)(8)	Cloth diapers-written plan developed
	✓ (e)(10)(A-C)	

<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>		
✓ 140.	(b)	Approved Schl Age Endorsement
✓ 141.	✓ (c)	<b>SCHEDULE - ACTIVITIES</b>
✓ 142.	✓ (c)(1)	Written daily program plan-flexible sch available to staff/parents
	✓ (c)(2)	Activities not a duplication of child's ds
	✓ (c)(3)	Activities include cognitive, physical, se emotional needs of the children
	✓ (c)(3)	Program includes free time, snacks, creative/physical/small group/self-conc activities, homework time, special even
	(d)	Ratio- 1:15
✓ 143.	(e)	Group size- max. 30
✓ 144.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from direct
✓ 145.	(g)	Head teacher approved- 60%
✓ 146.		

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147.	(b)	Approved Night Care Endorsement
148.	(b)(1)	Person in charge-head teacher
149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
150.	(b)(3)	Written plan for supervision including cot placement and evacuation
151.	(b)(4)	Children in care no more than 12 hrs. in 24
152.	(b)(5)	Staff awake and available
153.		<b>SLEEP PROVISIONS</b>
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled
	<input type="checkbox"/> (b)(6)(B)	Required bedding
	<input type="checkbox"/> (b)(6)(C)	Required toiletries
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants
154.	(b)(8)	Air temp 65 °F at 3 ft
155.	(b)(9)	Fire marshal approval-hours specified
156.	(b)(10)	Local health approval

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 172.		<b>STAFF TRAINING</b>
	<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 173.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 174.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 176.	(d)(3)	Authorized prescriber written order
<input checked="" type="checkbox"/> 177.	(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/> 178.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 179.	(e)(3)	

**ADMINISTRATION OF MEDICATIONS 19a-79-9a (Y/N)**

**ADDITIONAL VIOLATION**

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

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions <b>N/</b>
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**DISCUSSIONS - COMMENTS**

- update policies/procedures per check list shown on OEC website.

- Education consultant visit 1 x year

- Diaper policy posted in City Place w/ Diaper table

- Education requirements updated

- New policies/procedures

- Director's head teacher certificate - obtain copy Program in Compliance with another head teacher at this inspection

- Health + safety training by 4/1/25

<b>SIGNATURE OF OEC STAFF</b>	<i>Sha Kellerman</i>
<b>PRINTED NAME</b>	K Kellerman

<b>SIGNATURE OF OEC STAFF IN CHARGE</b>	<i>Lauren Eldridge</i>
<b>PRINTED NAME</b>	Lauren Eldridge

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children of America License # 70648 Date \_\_\_\_\_

Observations/Corrections needed:

- Regulations not in compliance when observed
- #18- Aid complaint procedure posted
- #5-7 Staff no documentation of annual re
- #33- No documentation and 17 hrs of profes development for 8 staff in files (a)(2) + (h)(1) + 356)(2)(A-H) - consultant agreements not current
- New regulations - All consultants
- #40 - 1 Care plan not signed by all staff
- #66- Water stains in hallway, City place 2A TWOS 2C, Pre-K A, Dusty vents in preschool Pre-K A, Todd B, Infant C, TWOS A. Stained TWOS A, Preschool 2B.
- #84- Wall thermometers not observed in TWOS Todd A (e)(1)
- #95- Throughout program observed cleaner bottles labeled. (Blue spray solution bottles)
- #130 (g)(8) - safe sleep policies not posted in infant
- #159(a)(2) - 1 diaper cream form expired/not updated
- diaper cream form not signed by parents/staff
- #161 - 2 Authorizations for Benadryl/Asthma not current. 1 Med form for Motrin not current
- #164- Benadryl not observed on site for child with on care plan needed for child.

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: [Name]

Signature: [Signature]  
 (Person in Charge)  
 Print Name: Lauren Eldridge

CORRECTIVE PLAN SHALL BE RETURNED TO

REC'D BY: 3/26/25