

**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:	Stratford United Methodist Preschool	Date of Inspection:	3/18/25	Time of Arrival:	11:38 am
Address:	2600 Main St	License Number:	12193	Expiration Date:	11/30/25
Town:	Stratford 06615	Telephone Number:	203-286-1818	Summer Care:	open
Operator:	Stratford United Methodist Church	# of Staff Present:	7	# over 3 Present:	7
Email:	preschool@sum.cct.org	Total Capacity:	74	Total Under 3 capacity:	44
Designated Director:	Elizabeth Buckmir	Hours/Days of Operation:	7:30am - 5:00pm		

Instruction Codes:  = Regulation in Compliance     = Regulation not in Compliance    N/A = Not applicable at this time

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**

(c)(8) Local Health Inspection-Date: 5/30/24

**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-COMLETE/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 in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
  - 3a(e)(1) License posted
  - 3a(e)(2) OEC Complaint Procedure posted
  - 3a(d)(6)(C) Administrative Oversight policy
  - 3a(e)(3) Menus posted
  - 3a(e)(4) No Smoking posted signs at entrances
  - 3a(e)(5) OEC Inspection report posted or available
  - 3a(e)(6) Dev. Milestones posted
  - 7a(e)(17) Radon Test posted (Schls-N/A)
  - 10(g)(8) Safe Sleep policy posted

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) 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
  - (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
  - (e)(1) Designated director-training
  - (f)(1) CPR certified program staff
  - (f)(2) First aid certified program staff
- 29. PROFESSIONAL DEVELOPMENT
  - (a)(2) Documentation of prof. dev/trainings
  - (h)(1) Health & Safety training
  - (h)(2) 1% annual hours
- 30. 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
- 31. (f)(1)
- 32. (f)(2)
- 33. CONSULTANTS
  - (a)(2) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
  - (h)(1) Consultant agreements-signed annually-agreements complete w/required services
  - (h)(2) Consultant logs-documented activities, observations and required services
- 34. CONSULTANT VISITS- Education/Health

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
- 35. (i)(1)(A)-(D)
- (i) -
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

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

<b>PROGRAM NAME</b>	Stratford United Methodist Preschool	<b>LICENSE NUMBER</b>	1393	<b>DATE OF INSPECTION</b>	3/18/25
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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✓	36.	(a)(1)(A-C)	Children's Enrollment information	✓	71.	(d)(1)	Emergency vehicle access
✓	37.		<u>PARENT PERMISSIONS</u>	✓	72.	(d)(2)	Walkways maintained
✓		(a)(1)(D)(i)	Emergency medical permission	✓	73.	(d)(3)	Windows protected to prevent falls
✓		(a)(1)(D)(ii)	Authorized release permission	✓	74.	(d)(3)	Window screens
✓		(a)(1)(D)(iii)	Field trip permission	✓	75.	(d)(4)	Glass/mirrors protected- 36"
✓		(a)(1)(D)(iv)	Transportation permission	✓	76.	(d)(5)	Overhead doors-locking devices, spring protectors
✓	38.	(a)(2)(A-B)	Child Health Records	✓	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
✓	39.	(a)(2)(C)	Immunization records	✓	78.	(d)(7)	Individual storage of clothing and bedding
✓	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	✓	79.		<u>SMOKING</u>
✓	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	✓		(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
✓	42.	(a)(3)(B)	Parent notification of illness or injury	✓		(d)(8)	Matches/lighters inaccessible
✓	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	✓	81.	(d)(9)	Electrical safety – outlets inaccessible - covered or protected
✓	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	✓	82.		<u>TOILETING</u>
✓	45.	(a)(4)	Video recordings- keep 30 days	✓		(d)(10)(A)	Shared toilets/sinks-supervision plan

<b>HEALTH and SAFETY 19a-79-6a</b>	
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✓	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	✓	83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
✓	47.	(a)(2)	Nutritious meals and snacks	✓	84.	(d)(10)(B)	Toileting needs met
✓	48.	(a)(3)	Proper refrigeration-41 degrees	✓		(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
✓	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	✓		(d)(10)(C)	Required toilets/sinks-1:16
✓	50.	(a)(5)	Food Service Inspection (N/A)	✓		(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
✓	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)	✓		(d)(10)(E)	Handwashing staff/children
✓	52.	(a)(7)	Separate hand washing facilities	✓		(d)(10)(F)	Toilets/sinks located at the facility
✓	53.	(a)(8)	Multi-use eating/drinking utensils	✓		(d)(10)(G)	Well lighted/ventilated toilet rooms
✓	54.	(a)(9)	Kitchen separated (N/A)	✓		(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
✓	55.	(a)(10)	Children supervised during meal prep	✓	86.	(e)(1)	Staff personal articles inaccessible
✓	56.	(a)(11)	Handwashing-staff/children	✓	87.	(e)(2)	<u>AIR TEMPERATURE</u>
✓	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	✓	88.	(e)(3)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
✓	58.	(b)(2)	Designated isolation area	✓	89.	(e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
✓	59.	(c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	✓	90.	(e)(5)	Water temperature 60°F-120°F
✓		(c)	<u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	✓	91.	(e)(5)	Portable space heaters prohibited
✓		(d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	✓	92.	(e)(6)	<u>WALLS/CEILINGS/FLOORS/RUGS</u>
✓				✓	93.	(e)(7)	Walls/ceilings/floors/rugs-clean/good repair
✓				✓	94.	(e)(7)	Rugs- not a tripping/slipping hazard
✓				✓	95.	(e)(7)	Hot water/Steam pipes protected
✓				✓	96.	(e)(8)	<u>TELEPHONE/TELEPHONE NUMBERS</u>
✓				✓	97.	(e)(9)	Working phone on each level
✓				✓	98.	(e)(9)	Emergency numbers posted-adjacent to phones
✓				✓	99.	(e)(10)	Parents provided direct on site phone number
✓				✓	100.	(e)(11)	<u>LIGHTING</u>
✓				✓	101.	(e)(12)	All areas min. 1 foot candle of lighting
✓				✓	102.	(e)(13)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
✓				✓	103.	(e)(14-15)	Enough lighting for comfort
✓				✓	104.	(e)(16)	Light fixtures shielded/shatter proof
✓				✓	105.	(e)(17)	Potentially hazardous substances, materials labeled, inaccessible
✓				✓	106.	(e)(18)	Garbage/rubbish-disposed of daily, containers in good repair
✓				✓	107.	(f)(1)(A)	Stairs-protected/good repair-handrails
✓				✓		(g)(1)	Toxic plants/materials inaccessible
✓				✓		(g)(2)	Pets or other animals-in good health, written care plan including access to children
✓				✓		(g)(3)	Measures to prevent vermin
✓				✓		(g)(4)	Radon test- Results: 2.1 (Schls-N/A)
✓				✓			Carbon monoxide detector-each level N/A
✓				✓			Program space-adequate-35 sq. ft. per child
✓				✓			Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
✓				✓			Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
✓				✓			Air conditioners/water heaters/fuse boxes inaccessible
✓				✓			Developmentally app equipment, materials

<b>PHYSICAL PLANT 19a-79-7a</b>	
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□	62.	(a)(2)	Fire marshal codes/certificate _____	✓	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
✓	63.	(b)	Indoor/Outdoor space inspected/approved	✓	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
✓	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	✓	97.	(e)(12)	Stairs-protected/good repair-handrails
✓	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	✓	98.	(e)(13)	Toxic plants/materials inaccessible
✓	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	✓	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
✓	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	✓	100.	(e)(16)	Measures to prevent vermin
✓	68.	(c)(4)	Testing of premises/grounds for chemicals	✓	101.	(e)(17)	Radon test- Results: 2.1 (Schls-N/A)
✓	69.	(c)(5)(A)	<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)	✓	102.	(e)(18)	Carbon monoxide detector-each level N/A
✓		(c)(5)(B)	Lead Water Test - Date: 8/27/24	✓	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
✓		(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)	✓	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
✓	70.	(c)(6)(A)	<u>LEAD PAINT</u> - Building Pre-78, Y/N Lead Test Y/N Results approved lead mang. Plan	✓	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
✓		(c)(6)(B-D)	Lead Management Plan current	✓	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
✓			Peeling Paint - Y/N Inside/Outside	✓	107.	(g)(4)	Developmentally app equipment, materials

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>			<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>		
<input checked="" type="checkbox"/> 108. (g)(5) <input checked="" type="checkbox"/> 109. (g)(6) <input checked="" type="checkbox"/> 110. (j) <input checked="" type="checkbox"/> 111. (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(3) <input checked="" type="checkbox"/> (h)(4) <input checked="" type="checkbox"/> (h)(5) <input checked="" type="checkbox"/> (h)(6) <input checked="" type="checkbox"/> (h)(8) <input checked="" type="checkbox"/> (h)(9)  <input checked="" type="checkbox"/> 112. (h)(7) <input checked="" type="checkbox"/> (h)(7)(A) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C)  <input checked="" type="checkbox"/> 114. (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <u>OUTDOOR SPACE</u> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <u>OUTDOOR PROTECTED/FENCED</u> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) <u>WATER HAZARDS</u> Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A) Wading pools prohibited (N/A) Hot tubs/spas/saunas-locked/inaccessible (N/A)	128. <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)(6-9) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(10)(A-C)  <input checked="" type="checkbox"/> (f)(1) <input checked="" type="checkbox"/> (f)(2) <input checked="" type="checkbox"/> (f)(3) <input checked="" type="checkbox"/> (f)(4)  <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1)  <input checked="" type="checkbox"/> (g)(2) <input checked="" type="checkbox"/> (g)(3)  <input checked="" type="checkbox"/> (g)(4) <input checked="" type="checkbox"/> (g)(5) <input checked="" type="checkbox"/> (g)(6) <input checked="" type="checkbox"/> (g)(7) <input checked="" type="checkbox"/> (g)(8)  <input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(2)  <input checked="" type="checkbox"/> (i)(1)(2A-C) <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136.  <input checked="" type="checkbox"/> (j) <input checked="" type="checkbox"/> (k)(1) <input checked="" type="checkbox"/> (k)(2) <input checked="" type="checkbox"/> (k)(3) <input checked="" type="checkbox"/> (k)(4) <input checked="" type="checkbox"/> (k)(5)  <input checked="" type="checkbox"/> (l)(1) <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139. (l)(3)	<u>DIAPERING cont.</u> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed <u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> 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 - parents informed <u>TOYS AND OTHER OBJECTS</u> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <u>FEEDING</u> 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 1/4 "-or measures in place to ensure their health & safety		
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>					
<input checked="" type="checkbox"/> 115. (a) <input checked="" type="checkbox"/> 116. (a)  <input checked="" type="checkbox"/> (b)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents <u>EDUCATIONAL REQUIREMENTS</u> 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, moderate and vigorous physical activity that takes place outdoors Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	131.  <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136.  <input checked="" type="checkbox"/> (j) <input checked="" type="checkbox"/> (k)(1) <input checked="" type="checkbox"/> (k)(2) <input checked="" type="checkbox"/> (k)(3) <input checked="" type="checkbox"/> (k)(4) <input checked="" type="checkbox"/> (k)(5)	(h)(1) (h)(1) (h)(2) (h)(2)  (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5)		
<b>UNDER THREE ENDORSEMENT 19a-79-10</b> <span style="float:right;">(Y/N)</span>					
<input checked="" type="checkbox"/> 117. (b) <input checked="" type="checkbox"/> 118. (c)(2) <input checked="" type="checkbox"/> 119. (c)(3) <input checked="" type="checkbox"/> 120. (c)(4) <input checked="" type="checkbox"/> 121. (d)(1)(A-C) <input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii) <input checked="" type="checkbox"/> 123. (d)(2)(B) <input checked="" type="checkbox"/> 124. (d)(2)(C) <input checked="" type="checkbox"/> 125. (d)(2)(D) <input checked="" type="checkbox"/> 126. (d)(2)(E) <input checked="" type="checkbox"/> 127. (d)(3)(A-C) <input checked="" type="checkbox"/> 128. (e)(1)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) Physical barriers separating each group of children- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs/Pack-n-Plays -in compliance w/CPSC Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail	137. 138. 139. (l)(3)	(l)(1) (l)(2) (l)(3)		
			<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <span style="float:right;">(Y/N)</span>		
<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141.	(b) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c)(1) <input checked="" type="checkbox"/> (c)(2)  <input checked="" type="checkbox"/> (c)(3)	141. 143. 144.	(b) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c)(1) <input checked="" type="checkbox"/> (c)(2)  <input checked="" type="checkbox"/> (c)(3)  (d) (e)	Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30	

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	Y/N	<b>MONITORING OF DIABETES 19a-79-13</b>	Y/N
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<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	172.	(b)(1)(A)	<u>STAFF TRAINING</u>
						(b)(1)(B)	Staff training – first aid
						(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>	Y/N
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<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	173.	(c)(2)	Training updated at least every 3 years
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	174.	(c)(3)	Written documentation of training
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>	174.	(d)(1)	Trained staff on site when child is present
				<input checked="" type="checkbox"/>	175.	(d)(2)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>	176.	(d)(3)	Equipment provided by parents
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>	177.	(e)(1)	Equipment labeled and inaccessible
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>	178.	(e)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>	153.		<u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/>	179.	(e)(3)	Authorized prescriber written order
		<input type="checkbox"/>	(b)(6) Individual cot/crib with bedding				Written authorization from parent
		<input type="checkbox"/>	(b)(6)(A) Sleeping apparel/toiletries labeled				Testing results and actions taken – documented and kept on file, ensure parents are notified daily
		<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				
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft				
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified				
<input type="checkbox"/>	156.	(b)(10)	Local health approval				

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>	Y/N	<b>ADDITIONAL VIOLATION</b>	
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				
<input checked="" type="checkbox"/>	159.		<u>NONPRESC. TOPICAL MEDICATION</u>				<b>DISCUSSIONS/COMMENTS</b>
		<input checked="" type="checkbox"/>	(a)(2) Admin/Parent permission/report errors				<p>1) New Regulations discussed</p> <p>2) All staff must have health + safety training by 4/1/25. All new hires within 3 months of hire</p> <p>3) Policies checklist provided. Program must have updated policies to reflect new regulations components</p> <p>4) mulch on under 3 playground bunched up against fence making it under 4ft (40-41 inches)</p> <p>*Violations Program not in compliance with #35 (U)(2)(A-H) agreements w required services for education, health + social services when new duties for each were not observed. Per Regulations</p> <p>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</p>
		<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.		<u>MEDICATION TRAINING</u>				
		<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				
<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 (N/A)				

<b>Signature of OEC staff</b>	Fil Montano	<b>Signature of person in charge</b>	Alice Chueka
<b>Printed Name</b>	Fil Montano	<b>Printed Name</b>	Alice Chueka

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request.  Written Corrective Action Plan Due by: 4/1/25 CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>
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