



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

<b>PROGRAM NAME</b> <u>Upon this Rock Academy</u>	<b>LICENSE NUMBER</b> <u>70596</u>	<b>DATE OF INSPECTION</b> <u>3.24.25</u>
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**RECORD KEEPING 19a-79-5a**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		<u>PARENT PERMISSIONS</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<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

**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(N/A)
<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 (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)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (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
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

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

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>3.10.22</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
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.		<u>WATER SUPPLY</u> -Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>1.18.24</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		<u>LEAD PAINT</u> -
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Results <u>no lead</u>
<input checked="" type="checkbox"/>			Lead Management Plan <u>na</u>
<input checked="" type="checkbox"/>			Peeling Paint - <u>Y/N</u> Inside/Outside

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

<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<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
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 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 and bedding
<input checked="" type="checkbox"/>	79.		<u>SMOKING</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	82.		<u>TOILETING</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>			<u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>			<u>WALLS/CEILINGS/FLOORS/RUGS</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>			<u>TELEPHONE/TELEPHONE NUMBERS</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>			<u>LIGHTING</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	95.		Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: <u>2.8</u> (Schls-N/A)
<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	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>
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.			<u>DIAPERING cont.</u>
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	NA	<input checked="" type="checkbox"/>	(e)(2)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/>	(e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>		<input type="checkbox"/>	(e)(4)	Diaper area: washed/disinfected after use
		<input checked="" type="checkbox"/>	Adequate space- 75 sq. ft. per child		<input type="checkbox"/>	(e)(5)	Diaper area: disposable paper sheets
		<input checked="" type="checkbox"/>	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/>	(e)(6-9)	Covered waste receptacle-removed daily
		<input checked="" type="checkbox"/>	Playground free from hazards		<input type="checkbox"/>	(e)(7)	Handwashing-staff/children
		<input checked="" type="checkbox"/>	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/>	(e)(8)	Diapering-Handwashing policies-posted/followed
		<input checked="" type="checkbox"/>	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/>		(e)(10)(A-C)	Cloth diapers-written plan developed
		<input checked="" type="checkbox"/>	New equip- cert playg. Inspection upon request	129.	<input type="checkbox"/>	(f)(1)	<u>LINENS/CLOTHING</u>
		<input checked="" type="checkbox"/>	Drinking water available/accessible		<input type="checkbox"/>	(f)(2)	Linens/emergency clothing available
		<input type="checkbox"/>	Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/>	(f)(3)	Linens washed weekly or as needed
			<u>OUTDOOR PROTECTED/FENCED</u>		<input type="checkbox"/>	(f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	112.		Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/>		(g)(1)	Cribs/cots cleaned-linens changed when shared
		<input type="checkbox"/>	Fences installed to protect from hazards-4 ft	130.	<input type="checkbox"/>	(g)(1)	<u>SAFE SLEEP</u>
		<input checked="" type="checkbox"/>	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input type="checkbox"/>	(g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/>	Rooftop play areas-6 ft. wall/barrier (N/A)		<input type="checkbox"/>	(g)(2)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>		<input type="checkbox"/>	(g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input type="checkbox"/>	Pools, swimming areas- (N/A)		<input type="checkbox"/>	(g)(4)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/>	Wading pools prohibited		<input type="checkbox"/>	(g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/>	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input type="checkbox"/>	(g)(6)	No unapproved sleeping-car seats/swings/beds, etc.

<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>	
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<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents				
<input checked="" type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>	<input checked="" type="checkbox"/>		(h)(1)	Infant toys-separate/washed/sanitized daily
		<input checked="" type="checkbox"/>	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		<input type="checkbox"/>	(h)(1)	Toddler toys-washed/sanitized weekly
		<input checked="" type="checkbox"/>	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes		<input type="checkbox"/>	(h)(2)	No toys/objects less than 1 1/4 " diameter
					<input type="checkbox"/>	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
					<input type="checkbox"/>	(i)(1)(2A-C)	Health consultant visits/documentation
					<input type="checkbox"/>	(j)	<u>FEEDING</u>
					<input type="checkbox"/>	(k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
					<input type="checkbox"/>	(k)(2)	Written feeding schedule from parent-updated
					<input type="checkbox"/>	(k)(3)	Unused formula/milk discarded after feedings
					<input type="checkbox"/>	(k)(4)	Clean bottles/disposable bottles/appvd washing
					<input type="checkbox"/>	(k)(5)	Baby food served from dish or whole jar
					<input type="checkbox"/>	(l)(1)	Bottles labeled with child's name

<b>UNDER THREE ENDORSEMENT 19a-79-10</b>	Y/N
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<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)				
<input type="checkbox"/>	118.	(c)(2)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)		<input type="checkbox"/>	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/>	119.	(c)(3)	Physical barriers separating each group of children- indoors/outdoors		<input type="checkbox"/>	(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
<input type="checkbox"/>	120.	(c)(4)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep				
<input type="checkbox"/>	121.	(d)(1)(A-C)	Cribs/Pack-n-Plays -in compliance w/CPSC				
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Washable cots				
<input type="checkbox"/>	123.	(d)(2)(B)	Chairs for feeding-stable base-safety straps-locking tray				
<input type="checkbox"/>	124.	(d)(2)(C)	Dev. appropriate tables/chairs/equipment				
<input type="checkbox"/>	125.	(d)(2)(D)	Refrigerator and food prep facilities				
<input type="checkbox"/>	126.	(d)(2)(E)	Optional furniture/equip-safe/hazard free				
<input type="checkbox"/>	127.	(d)(3)(A-C)	<u>DIAPERING</u>				
<input type="checkbox"/>	128.	(e)(1)	Diaper area: elevated/sturdy/safety rail				

<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	Y/N
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<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement				<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/>	141.	(c)	Written daily program plan-flexible schedule- available to staff/parents		<input checked="" type="checkbox"/>	(c)	Activities not a duplication of child's day
		<input checked="" type="checkbox"/>	Activities include cognitive, physical, social, emotional needs of the children		<input checked="" type="checkbox"/>	(c)(1)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
		<input checked="" type="checkbox"/>	Ratio- 1:15		<input checked="" type="checkbox"/>	(c)(2)	Ratio- 1:15
		<input checked="" type="checkbox"/>	Group size- max. 30		<input checked="" type="checkbox"/>	(c)(3)	Group size- max. 30
					<input type="checkbox"/>	(d)	
					<input type="checkbox"/>	(e)	

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>MONITORING OF DIABETES 19a-79-13</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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"/> 146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	<input checked="" type="checkbox"/> 172.	(a)(1)	Written policies and procedures
		<input checked="" type="checkbox"/> (b)(1)(A)	<b>STAFF TRAINING</b>
		<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid
		(i)-(iii)	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
<input checked="" type="checkbox"/> 173.		(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 174.		(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 175.		(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 176.		(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 177.		(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 178.		(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 179.		(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)**  Y  N

<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available
<input type="checkbox"/> 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
<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

**ADMINISTRATION OF MEDICATIONS 19a-79-9a**  Y  N

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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
<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)

**ADDITIONAL VIOLATION**

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

• Reviewed new Regulations

• Provided a copy of the policy review checklist during the inspection highlighting changes to the child care center regulations, effective 10.16.24. Program must ensure policies are updated to reflect new requirements.

*NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.*

<b>Signature of OEC staff</b>	Gennifer Schultz
<b>Printed Name</b>	Jen Schultz

	<b>Signature of person in charge</b>
Robin Braun	<b>Printed Name</b>

**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: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by:	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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## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Upon this Rock Academy License # 70590 Date: 3-24-25Observations/Corrections needed:

#1 observed local health inspection report to be more than 2 years

#4 observed 1 staff present without documentation of new employee orientation

#5 observed 4 out of 4 staff files without documentation of annual policy training within past 12 months.

~~#18~~ <sup>40</sup> ~~(c)(3)~~ observed menu posted to not include snack components listed, no dates on menu.

#19 observed 1 staff file with adult medical statement older than 3 years, observed 2 staff files without documentation of current adult statements

#33 (a)(2) observed 4 out of 4 staff without documentation of professional development / training

(b)(2) observed all staff files without documentation of training, unable to determine if staff have completed 190 of annual hours worked, in training hours.

#35 (i)-(j)(2)(A-H) - Social service consultant agreement not available for review, unable to determine (JS)

(f) Consultant log more than 1 year for social service consultant documenting review of policies, plans and procedures.

#62 Posted fire marshal certificate more than 1 year.

#88 (e)(5) observed tarp under children's tables to not be secure, posing a trip hazard.

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: Jennifer Schulz  
(OEC Representative)Print Name: Jen Schulz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: R. Brown  
(Person in Charge)OEC BY: 4.7.25Print Name: Robin Brown

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Upon this rock Academy License # 70596 Date: 3.24.25

Observations/Corrections needed:

Discuss

observed 1 expired med - parent notified. If parent does not respond or pick up in 5 days director to dispose

reviewed sample policies on OEC website

reviewed record keeping docs available on OEC website

provided copy of new OEC complaint procedure to be posted

- Provider notified licensing specialist of new ~~head~~ Education consultant

Reviewed Professional Development records, documentation, hours annually required, maintaining documentation.

Discussed ways to organize licensing binders/files to maintain on site/records, up to date

observed 1 dusty ceiling vent.

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: Jennifer Schub  
(OEC Representative)

Print Name: Jen Schub

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: R. Brown  
(Person in Charge)

OEC BY: 4.7.25

Print Name: Robin Brown