

**CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	Roxco Activities Program	Date of Inspection:	3.25.25	Time of Arrival:	7:30
Address:	751 West Hill Road	License Number:	116162	Expiration Date:	5.31.25
Town:	Stamford	Telephone Number:	203 609 9027	Sanitizer Case:	Closed
Operator:	Roxco Stamford School Comm Org Inc	# of Staff Present:	2	# children Present:	3
Email:	ohts@roxco.org	Ages Served:	5-12 yrs	Total Capacity:	80
Designated Director:	Audette Bisillon	Days of Operation:	MF TTTTWWWWW	Hours of Operation:	7:30-11:5 / 3:00-5:00

Inspected By: [Signature] Regulation in Compliance O = Regulation not in Compliance N/A = Not applicable at this time

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 8.15.24

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-COMplete/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
- 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
 - 7a(e)(17) Radon test posted (Schls N/A)

STAFFING and CONSULTANTS 19a-79-4a

- 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
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 28. (d)(4)(D) Supervision-Indoors/Outdoors
- 29. (d)(5)(A) Group Size-school age field trips/outdoors
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. **PROFESSIONAL DEVELOPMENT**
 - (a)(2) Documentation
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
- 34. **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
- 35. **CONSULTANTS**
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (i)(2)(A-H) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	/	/	/
Health	/	/	/
Soc. Serv.	/	/	/
Dietitian	N/A	N/A	

CHILD CARE CENTER/ GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION

Bingo Activities Program

LICENSE NUMBER *116612*

DATE OF INSPECTION *3-25-25*

RECORD KEEPING 19a-79-7a

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
	<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

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	SMOKING
		Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
		Matches/lighters inaccessible
		TOILETING
		Shared toilets/sinks-supervision plan
		Toileting needs met
		Required toilets/sinks-1:25
		Toileting Supplies-Hand drying-Garbage
		Handwashing staff/children
		Toilets/sinks located at the facility
		Well lighted/ventilated toilet rooms
		Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
		Staff personal articles inaccessible
		AIR TEMPERATURE
		Air temp < 65°F comfortable
		Air temp > 80 °F - ↑ fluids/ventilation
		Portable space heaters prohibited
		Hot water/Steam pipes protected
		TELEPHONE/NUMBERS
		Working phone on each level
		Emergency numbers posted-adjacent to phones
		Parents provided direct on site phone number
		LIGHTING
		All areas min. 1 foot candle of lighting
		Enough lighting for comfort
		Light fixtures shielded/shatter proof
		Potentially hazardous substances, materials labeled, inaccessible
		Garbage/rubbish-disposed of daily, containers in good repair
		Stairs-protected/good repair-handrails
		Toxic plants/materials inaccessible
		Pets or other animals-in good health, written care plan including access to children
		Radon test- Results: _____ (Schus-N/A)
		Carbon monoxide detector-each level N/A
		Program space-adequate-35 sq. ft. per child
		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		Developmentally app equipment, materials
		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
		OUTDOOR SPACE
		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
		OUTDOOR PROTECTED/FENCED
		Playground protected from traffic, water, gullies or other hazards
		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)
		WATER HAZARDS
		Pools, swimming areas-conforms to DPH (N/A)
		Wading pools prohibited
		Hot tubs/spas/saunas-locked/inaccessible (N/A)

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"/> 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)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)	<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (d)(11)
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1)	<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(2)
<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(4)	<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(6)
<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(7)	<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7)	<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8)	<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(9)	<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(10)
<input checked="" type="checkbox"/> 96.	<input checked="" type="checkbox"/> (e)(11)	<input checked="" type="checkbox"/> 96.	<input checked="" type="checkbox"/> (e)(11)
<input checked="" type="checkbox"/> 97.	<input checked="" type="checkbox"/> (e)(12)	<input checked="" type="checkbox"/> 97.	<input checked="" type="checkbox"/> (e)(12)
<input checked="" type="checkbox"/> 98.	<input checked="" type="checkbox"/> (e)(13)	<input checked="" type="checkbox"/> 98.	<input checked="" type="checkbox"/> (e)(13)
<input checked="" type="checkbox"/> 99.	<input checked="" type="checkbox"/> (e)(14-15)	<input checked="" type="checkbox"/> 99.	<input checked="" type="checkbox"/> (e)(14-15)
<input checked="" type="checkbox"/> 101.	<input checked="" type="checkbox"/> (e)(17)	<input checked="" type="checkbox"/> 101.	<input checked="" type="checkbox"/> (e)(17)
<input checked="" type="checkbox"/> 102.	<input checked="" type="checkbox"/> (e)(18)	<input checked="" type="checkbox"/> 102.	<input checked="" type="checkbox"/> (e)(18)
<input checked="" type="checkbox"/> 103.	<input checked="" type="checkbox"/> (f)(1)(A)	<input checked="" type="checkbox"/> 103.	<input checked="" type="checkbox"/> (f)(1)(A)
<input checked="" type="checkbox"/> 104.	<input checked="" type="checkbox"/> (g)(1)	<input checked="" type="checkbox"/> 104.	<input checked="" type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> 107.	<input checked="" type="checkbox"/> (g)(4)	<input checked="" type="checkbox"/> 107.	<input checked="" type="checkbox"/> (g)(4)
<input checked="" type="checkbox"/> 108.	<input checked="" type="checkbox"/> (g)(5)	<input checked="" type="checkbox"/> 108.	<input checked="" type="checkbox"/> (g)(5)
<input checked="" type="checkbox"/> 109.	<input checked="" type="checkbox"/> (g)(6)	<input checked="" type="checkbox"/> 109.	<input checked="" type="checkbox"/> (g)(6)
<input checked="" type="checkbox"/> 110.	<input checked="" type="checkbox"/> (j)	<input checked="" type="checkbox"/> 110.	<input checked="" type="checkbox"/> (j)
<input checked="" type="checkbox"/> 111.	<input checked="" type="checkbox"/> (h)(1)	<input checked="" type="checkbox"/> 111.	<input checked="" type="checkbox"/> (h)(1)
	<input checked="" type="checkbox"/> (h)(2)		<input checked="" type="checkbox"/> (h)(2)
	<input checked="" type="checkbox"/> (h)(3)		<input checked="" type="checkbox"/> (h)(3)
	<input checked="" type="checkbox"/> (h)(4)		<input checked="" type="checkbox"/> (h)(4)
	<input checked="" type="checkbox"/> (h)(5)		<input checked="" type="checkbox"/> (h)(5)
	<input checked="" type="checkbox"/> (h)(6)		<input checked="" type="checkbox"/> (h)(6)
	<input checked="" type="checkbox"/> (h)(8)		<input checked="" type="checkbox"/> (h)(8)
	<input checked="" type="checkbox"/> (h)(9)		<input checked="" type="checkbox"/> (h)(9)
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(B)	<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(B)
	<input checked="" type="checkbox"/> (h)(7)(C)		<input checked="" type="checkbox"/> (h)(7)(C)
	<input checked="" type="checkbox"/> (i)		<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)		<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)		<input checked="" type="checkbox"/> (i)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <i>1-18-24</i>
<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"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
		LEAD PAINT
		Building Pre-78: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Results: <i>no lead</i>
		Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Inside/Outside
<input checked="" type="checkbox"/> 72.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/> 73.	(d)(3)	Walkways maintained
<input checked="" type="checkbox"/> 76.	(d)(5)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A)
		Exits, stairs, hallways unobstructed

<input checked="" type="checkbox"/> 109.	<input checked="" type="checkbox"/> (g)(6)	<input checked="" type="checkbox"/> 109.	<input checked="" type="checkbox"/> (g)(6)
<input checked="" type="checkbox"/> 110.	<input checked="" type="checkbox"/> (j)	<input checked="" type="checkbox"/> 110.	<input checked="" type="checkbox"/> (j)
<input checked="" type="checkbox"/> 111.	<input checked="" type="checkbox"/> (h)(1)	<input checked="" type="checkbox"/> 111.	<input checked="" type="checkbox"/> (h)(1)
	<input checked="" type="checkbox"/> (h)(2)		<input checked="" type="checkbox"/> (h)(2)
	<input checked="" type="checkbox"/> (h)(3)		<input checked="" type="checkbox"/> (h)(3)
	<input checked="" type="checkbox"/> (h)(4)		<input checked="" type="checkbox"/> (h)(4)
	<input checked="" type="checkbox"/> (h)(5)		<input checked="" type="checkbox"/> (h)(5)
	<input checked="" type="checkbox"/> (h)(6)		<input checked="" type="checkbox"/> (h)(6)
	<input checked="" type="checkbox"/> (h)(8)		<input checked="" type="checkbox"/> (h)(8)
	<input checked="" type="checkbox"/> (h)(9)		<input checked="" type="checkbox"/> (h)(9)
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(B)	<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(B)
	<input checked="" type="checkbox"/> (h)(7)(C)		<input checked="" type="checkbox"/> (h)(7)(C)
	<input checked="" type="checkbox"/> (i)		<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)		<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)		<input checked="" type="checkbox"/> (i)

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Boxco Activities Program	LICENSE NUMBER	16662	DATE OF INSPECTION	2/25/25
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SCHOOL AGE ENDORSEMENT 19a-79-11 **MONITORING OF DIABETES 19a-79-13** *Y/N*

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule- available to staff/parents
	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 144.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/> 145.	(f)	Group size- max. 30
<input checked="" type="checkbox"/> 146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
		Designated Head teacher approved- 60%

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

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

ADDITIONAL VIOLATION

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

Regulation not in compliance when....

19(a)(1) - 3 staff physicals are missing physician information

40(a)(2)(E) - Individual care plans not signed by all staff responsible for child's care.

111(h)(2) - shock absorbing material not p/under and around all climbing equipment.

DISCUSSION

- New Regulations
- Black Top 1 Field trip forms
- 1 child has incomplete health record. Does not meet CT state requirement

Signature of OEC staff: *[Signature]*
 Printed Name: Lon Mangano

Signature of person in charge: *[Signature]*
 Printed Name: Audette Bisson

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 Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4.8.25

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>