

**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:	ST John Pre School	Date of Inspection:	3.26.25	Time of Arrival:	9:15 am
Address:	1986 Post Rd	License Number:	13518	Expiration Date:	3.31.26
Town:	Darien	Telephone Number:	203.656.0948	Summer Care:	Closed
Operator:	St John Roman Catholic Church	# of Staff Present:	8	# over 3 Present:	42
Email:	saintjohnpreschool.director@gmail.com	Total Capacity:	58	Total Under 3 capacity:	16
Designated Director:	Deborah C Moran	Hours/Days of Operation:	M-F 9am-12pm T.W.Th. 9-145		

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**

1. (c)(8) Local Health Inspection-Date: 9.13.23

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

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

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

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

**PROFESSIONAL DEVELOPMENT**  
Documentation of prof. dev/trainings  
Health & Safety training  
1% annual hours

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

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

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	INC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	INC	<input checked="" type="checkbox"/>	
Dietitian	NA	NA	

**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  
 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

28. (d)(4)(D)  
 29. (d)(5)  
 (d)(5)(A)  
 (d)(5)(B)  
 30. (e)(1)  
 31. (f)(1)  
 32. (f)(2)  
 33. (a)(2)  
 (h)(1)  
 (h)(2)  
 34. (4)(C)(ii-v)  
 (4)(C)(i)  
 (e)(6)  
 (e)(6)  
 (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>	St John Pre School	<b>LICENSE NUMBER</b>	13518	<b>DATE OF INSPECTION</b>	3.26.25
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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.		<b>PARENT PERMISSIONS</b>	72.	(d)(2)	Walkways maintained
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	74.	(d)(3)	Window screens
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	75.	(d)(4)	Glass/mirrors protected- 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
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.		<b>SMOKING</b>
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (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			<b>TOILETING</b>
45.	(a)(4)	Video recordings- keep 30 days	82.		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)	Toileting needs met
47.	(a)(2)	Nutritious meals and snacks	84.	(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
48.	(a)(3)	Proper refrigeration-41 degrees		(d)(10)(C)	Required toilets/sinks-1:16
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		(d)(10)(C)	Toileting Supplies-Hand drying-Garbage
50.	(a)(5)	Food Service Inspection (N/A)		(d)(10)(E)	Handwashing staff/children
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)		(d)(10)(E)	Toilets/sinks located at the facility
52.	(a)(7)	Separate hand washing facilities	83.	(d)(10)(F)	Well lighted/ventilated toilet rooms
53.	(a)(8)	Multi-use eating/drinking utensils	84.	(d)(10)(G)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
54.	(a)(9)	Kitchen separated (N/A)		(d)(10)(H)	Staff personal articles inaccessible
55.	(a)(10)	Children supervised during meal prep		(d)(11)	<b>AIR TEMPERATURE</b>
56.	(a)(11)	Handwashing-staff/children			Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	86.	(e)(1)	Air temp > 80 °F - ↑ fluids/ventilation
58.	(b)(2)	Designated isolation area	87.	(e)(2)	Water temperature 60°F-120°F
59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	88.	(e)(3)	Portable space heaters prohibited
	<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	89.	(e)(4)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	90.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
			91.	(e)(5)	Rugs- not a tripping/slipping hazard
			92.	(e)(6)	Hot water/Steam pipes protected
			93.	(e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
			94.	(e)(7)	Working phone on each level
				(e)(7)	Emergency numbers posted-adjacent to phones
				(e)(7)	Parents provided direct on site phone number
				(e)(8)	<b>LIGHTING</b>
				(e)(9)	All areas min. 1 foot candle of lighting
				(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
			95.	(e)(10)	Enough lighting for comfort
			96.	(e)(11)	Light fixtures shielded/shatter proof
			97.	(e)(12)	Potentially hazardous substances, materials labeled, inaccessible
			98.	(e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
			99.	(e)(14-15)	Stairs-protected/good repair-handrails
62.	(a)(2)	Fire marshal codes/certificate <u>2.22.24</u>	100.	(e)(16)	Toxic plants/materials inaccessible
63.	(b)	Indoor/Outdoor space inspected/approved	101.	(e)(17)	Pets or other animals-in good health, written care plan including access to children
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	102.	(e)(18)	Measures to prevent vermin
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	103.	(f)(1)(A)	Radon test- Results: <u>0.6</u> (Schls-N/A)
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	104.	(g)(1)	Carbon monoxide detector-each level N/A
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	105.	(g)(2)	Program space-adequate-35 sq. ft. per child
68.	(c)(4)	Testing of premises/grounds for chemicals	106.	(g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
69.	<input checked="" type="checkbox"/> (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)	107.	(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>7.20.24</u>			Air conditioners/water heaters/fuse boxes inaccessible
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)			Developmentally app equipment, materials
70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible			
	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results <u>Lead of Plan</u>			
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u>2/27/25</u>			
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside			

<b>PHYSICAL PLANT 19a-79-7a</b>	
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62.	(a)(2)	Fire marshal codes/certificate <u>2.22.24</u>	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: <u>0.6</u> (Schls-N/A)
69.	<input checked="" type="checkbox"/> (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)	102.	(e)(18)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>7.20.24</u>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> (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.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results <u>Lead of Plan</u>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u>2/27/25</u>	107.	(g)(4)	Developmentally app equipment, materials
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside			

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

<b>PROGRAM NAME</b>	St John Pre School	<b>LICENSE NUMBER</b>	13518	<b>DATE OF INSPECTION</b>	3.26.25
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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
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		<u>OUTDOOR PROTECTED/FENCED</u>
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited (N/A)
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<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"/>		(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, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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



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

<input checked="" type="checkbox"/>	128.	(e)(2)	<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
<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"/>	129.	(f)(1)	
<input checked="" type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>		(f)(3)	
<input checked="" type="checkbox"/>		(f)(4)	
<input checked="" type="checkbox"/>	130.	(g)(1)	<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 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 1/4 "-or measures in place to ensure their health & safety
<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"/>	131.	(h)(1)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	136.	(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"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

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

<input checked="" type="checkbox"/>	140.	(b)	<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
<input checked="" type="checkbox"/>	141.	(c)	
<input checked="" type="checkbox"/>		(c)(1)	
<input checked="" type="checkbox"/>		(c)(2)	
<input checked="" type="checkbox"/>		(c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

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

<b>PROGRAM NAME</b> St John Pre School		<b>LICENSE NUMBER</b> 13518	<b>DATE OF INSPECTION</b> 3.26.25
<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y/N		<b>MONITORING OF DIABETES 19a-79-13</b> Y/N	
<input type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171. (a)(1)	<b>Written policies and procedures</b> <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A)	
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> Y/N		<input checked="" type="checkbox"/> 173. (b)(2)	
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173. (b)(3)	
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 173. (c)(2)	
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 173. (c)(3)	
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 174. (d)(1)	
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 175. (d)(2)	
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 176. (d)(3)	
<input type="checkbox"/> 153. (b)(5)	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> 177. (e)(1)	
<input type="checkbox"/> 154. (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 178. (e)(2)	
<input type="checkbox"/> 155. (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 179. (e)(3)	
<input type="checkbox"/> 156. (b)(6)(B)	Required bedding		
<input type="checkbox"/> 156. (b)(6)(C)	Required toiletries		
<input type="checkbox"/> 156. (b)(6)(D)	Bedding/sleeping apparel laundered weekly		
<input type="checkbox"/> 156. (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>	
<input type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<b>DISCUSSIONS/COMMENTS</b> Regulation not in compliance when... 35 (i)-(1)(2)(A-H) - Social service and Health contracts do not include all required services (send copy) 109 (g)(6) - no documentation of shock absorbing requirements for climber in gym 111 (h)(3) - Fence covered in mold throughout  Discussion - 1 stained ceiling tile in director office - Dusty ceiling vent in office and hall entrance - Need staff hire dates documented - New regulations checklist provided at inspection - Roadway on mulch  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.	
<input type="checkbox"/> 159. (a)(2)	Admin/Parent permission/report errors		
<input type="checkbox"/> 159. (a)(3)(A-B)	Labeling and Storage		
<input type="checkbox"/> 159. (a)(3)(C)	Unused/expired meds destroyed/returned		
<input type="checkbox"/> 160. (b)(1)(A/C)	<b>MEDICATION TRAINING</b>		
<input type="checkbox"/> 160. (b)(1)(D)	Medication training-general-oral/top/inhalant		
<input type="checkbox"/> 160. (b)(1)(E)	Injectable premeasured autoinjector medication		
<input type="checkbox"/> 160. (b)(1)(F)	Rectal medication		
<input type="checkbox"/> 160. (b)(1)(F)	Injectable other than premeasured auto-injector		
<input type="checkbox"/> 160. (b)(2)(A-B)	Training approval documents/certificates		
<input type="checkbox"/> 160. (b)(2)(C)	Training outline on file		
<input type="checkbox"/> 161. (b)(3)(A-B)	Authorized prescriber/parent permission		
<input type="checkbox"/> 162. (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification		
<input type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)		
<input type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage		
<input type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible		
<input type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned		
<input type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment		
<input type="checkbox"/> 168. (b)(6)	Self-administration documentation		
<input type="checkbox"/> 169. (b)(7)(A-B)	Petition for special medication authorization		
<input type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)		
<b>Signature of OEC staff</b>		<b>Signature of person in charge</b>	
<b>Printed Name</b>	Lori Mangano	<b>Printed Name</b>	Irene H. Lotocky
<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>		Inspection shall be posted or available for review upon request.	
		Written Corrective Action Plan Due by: 4.9.25	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>