

**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:	PK, NATURE & ME / Farmington & preschool	Date of Inspection:	3-28-25	Time of Arrival:	11:25 am
Address:	39 Scofieldtown Rd	Licenses:	70782	Inspection Date:	9.30.28
City:	Stamford	Telephone Number:	203 977 6220	Number Care:	Closed
Director:	Stamford Museum & Nature Center Inc	# of Staff Present:	2	# over 3 Present:	10
Phone:	preschool@stamfordmuseum.org	Total Capacity:	16	Total Under 3 capacity:	0
Inspector:	Lisa L Combs	Hours/Days of Operation:		# under 3 Present:	0
				Ages Served:	4-5 yrs

Compliance: In Compliance Out of Compliance N/A

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-79-2b**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: <u>8-22-24</u>	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 21.a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27.	RATIOS
<input checked="" type="checkbox"/> 11. POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 28.	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 29.	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 30.	Nap time ratio
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 31. (d)(4)(D)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 32.	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33.	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 34.	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 35.	Mixed age group—group size
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (a)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (b)(1)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (b)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) ACCESS	<input checked="" type="checkbox"/> (4)(C)(ii-v)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> (4)(C)(i)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	Health & Safety training
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws—transportation	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	SWIMMING ACTIVITIES - <u>Y/N</u>
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> (i) -	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i)(2)(A-H)	Non-swimmers identified
<input checked="" type="checkbox"/> 18. POSTINGS	<input checked="" type="checkbox"/> (F)	CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> (i)(2)	Lifeguard—certified—supervising
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted		Consultant agreements—signed annually—agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances		Consultant logs—documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted		Contracts Logs Visits
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)		Education ✓ ✓ ✓
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted		Health ✓ ✓ ✓
		Soc. Serv. ✓ ✓ ✓
		Dietitian N/A N/A ✓

CHILD CARE CENTER OR GROUP CHILD CARE LICENSING INSPECTION FORM

PROGRAM NAME: Art, Nature & Me / Farmsteads Preschool **LICENSE NUMBER:** 70782 **DATE:** 3.28.25

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

36. (a)(1)(A-C) Children's Enrollment information
 37. **PARENT PERMISSIONS**
 (a)(1)(D)(i) Emergency medical permission
 (a)(1)(D)(ii) Authorized release permission
 (a)(1)(D)(iii) Field trip permission
 (a)(1)(D)(iv) Transportation permission
 38. (a)(2)(A-B) Child Health Records
 39. (a)(2)(C) Immunization records
 40. (a)(2)(E) Individual care plan-signed by parents/staff
 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
 42. (a)(3)(B) Parent notification of illness or injury
 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
 44. (a)(3)(D) Notify DPH, local health-reportable diseases
 45. (a)(4) Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
 47. (a)(2) Nutritious meals and snacks
 48. (a)(3) Proper refrigeration-41 degrees
 49. (a)(4) Menus-1 wk in advance- keep 3 mths
 50. (a)(5) Food Service Inspection (N/A)
 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A)
 52. (a)(7) Separate hand washing facilities
 53. (a)(8) Multi-use eating/drinking utensils
 54. (a)(9) Kitchen separated (N/A)
 55. (a)(10) Children supervised during meal prep
 56. (a)(11) Handwashing-staff/children
 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
 58. (b)(2) Designated isolation area
 59. (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
 (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
 (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

62. (a)(2) Fire marshal codes/certificate 5.24.24
 63. (b) Indoor/Outdoor space inspected/approved
 64. (b)(1)-(5) Construction/expansion/renovation/conversion
 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
 68. (c)(4) Testing of premises/grounds for chemicals
 69. (c)(5)(A) **WATER SUPPLY** - Public/Well (Schools-N/A)
 (c)(5)(B) Lead Water Test - Date: 7.11.24
 (c)(5)(C) Bact./Chem Test-Date: (N/A)
 70. (c)(6)(A) Drinking water available/accessible
 (c)(6)(A) **LEAD PAINT** - Building Pre-78: YN Lead Test: YN
 (c)(6)(B-D) Results no lead
 (c)(6)(B-D) Lead Management Plan _____
 Peeling Paint - Y(N) Inside/Outside

71. (d)(1) Emergency vehicle access
 72. (d)(2) Walkways maintained
 73. (d)(3) Windows protected to prevent falls
 74. (d)(3) Window screens
 75. (d)(4) Glass/mirrors protected- 36"
 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
 78. (d)(7) Individual storage of clothing and bedding
 79. **SMOKING**
 (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 (d)(8) Matches/lighters inaccessible
 (d)(9) Electrical safety - outlets inaccessible - covered or protected
 81. **TOILETING**
 82. (d)(10)(A) Shared toilets/sinks-supervision plan
 (d)(10)(B) Toileting needs met
 (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
 (d)(10)(C) Required toilets/sinks-1:16
 (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 (d)(10)(E) Handwashing staff/children
 (d)(10)(F) Toilets/sinks located at the facility
 (d)(10)(G) Well lighted/ventilated toilet rooms
 (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
 83. (d)(11) Staff personal articles inaccessible
 84. **AIR TEMPERATURE**
 85. (e)(1) Air temp 65°F at 3 ft -non-mercury thermometer affixed to wall
 (e)(2) Air temp > 80°F - ↑ fluids/ventilation
 (e)(3) Water temperature 60°F-120°F
 (e)(4) Portable space heaters prohibited
 86. **WALLS/CEILINGS/FLOORS/RUGS**
 87. (e)(5) Walls/ceilings/floors/rugs-clean/good repair
 (e)(5) Rugs- not a tripping/slipping hazard
 88. (e)(6) Hot water/Steam pipes protected
 89. **TELEPHONE/TELEPHONE NUMBERS**
 (e)(7) Working phone on each level
 (e)(7) Emergency numbers posted-adjacent to phones
 (e)(7) Parents provided direct on site phone number
 90. **LIGHTING**
 91. (e)(8) All areas min. 1 foot candle of lighting
 (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
 (e)(9) Enough lighting for comfort
 (e)(9) Light fixtures shielded/shatter proof
 92. (e)(10) Potentially hazardous substances, materials labeled, inaccessible
 93. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
 94. (e)(12) Stairs-protected/good repair-handrails
 95. (e)(13) Toxic plants/materials inaccessible
 96. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
 97. (e)(16) Measures to prevent vermin
 98. (e)(17) Radon test- Results: 1.6 (Schls-N/A)
 99. (e)(18) Carbon monoxide detector-each level N/A
 100. (f)(1)(A) Program space-adequate-35 sq. ft. per child
 101. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
 102. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
 103. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible
 104. (g)(4) Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Art, Nature & Me / Farmer Garden Preschool	LICENSE NUMBER	70792	DATE OF INSPECTION	3.28.25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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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.		OUTDOOR SPACE
		<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.		OUTDOOR PROTECTED/FENCED
		<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.		WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input checked="" type="checkbox"/> (j)	Wading pools prohibited
		<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)	EDUCATIONAL REQUIREMENTS
		<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 YN

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

<input type="checkbox"/>	128.	(e)(2)	DIAPERING cont. 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 type="checkbox"/> (e)(3)	
		<input type="checkbox"/> (e)(4)	
		<input type="checkbox"/> (e)(5)	
		<input type="checkbox"/> (e)(6-9)	
		<input type="checkbox"/> (e)(7)	
		<input type="checkbox"/> (e)(8)	
		<input type="checkbox"/> (e)(10)(A-C)	
<input type="checkbox"/>	129.	(f)(1)	
<input type="checkbox"/>	130.	(f)(2)	
		(f)(3)	
		(f)(4)	
		(g)(1)	
		(g)(1)	
		(g)(1)	
		(g)(2)	
		(g)(3)	
		(g)(4)	
		(g)(5)	
		(g)(6)	
		(g)(7)	
		(g)(8)	
<input type="checkbox"/>	131.	(h)(1)	
		(h)(1)	
		(h)(2)	
		(h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	
<input type="checkbox"/>	136.		
		(j)	
		(k)(1)	
		(k)(2)	
		(k)(3)	
		(k)(4)	
		(k)(5)	
<input type="checkbox"/>	137.	(l)(1)	
<input type="checkbox"/>	138.	(l)(2)	
<input type="checkbox"/>	139.	(l)(3)	

SCHOOL AGE ENDORSEMENT 19a-79-11 YN

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

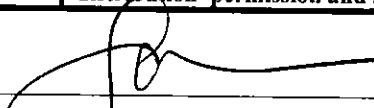
CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

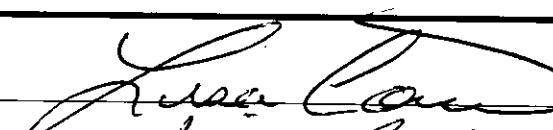
PROGRAM NAME	Art, Nature & Me/ Farmer garden <i>Y/N</i>	LICENSE NUMBER	70782	DATE OF INSPECTION	4.28.25
SCHOOL AGE ENDORSEMENT 19a-79-11 <i>Y/N</i>			MONITORING OF DIABETES 19a-79-13 <i>Y/N</i>		
<input type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171. (a)(1)		Written policies and procedures	
<input type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A)		STAFF TRAINING	
		<input checked="" type="checkbox"/> (b)(1)(B)		Staff training – first aid	
		<input checked="" type="checkbox"/> (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)(6)	SLEEP PROVISIONS				
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding				
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled				
<input type="checkbox"/> (b)(6)(C)	Required bedding				
<input type="checkbox"/> (b)(6)(D)	Required toiletries				
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly				
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants				
<input type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft				
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified 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"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions <i>(N/A)</i>			
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes				
<input checked="" type="checkbox"/> 159. (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. (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)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates				
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training outline on file				
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Labeling and Storage				
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Emergency medication inaccessible				
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/> 168. (b)(6)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Self-administration documentation				
<input checked="" type="checkbox"/> 170. (d)	Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage <i>(N/A)</i>				

DISCUSSIONS/COMMENTS
*Regulation not in compliance when...
 (10)(c)(11-4) - NO notification of change for program hours, children are signed in as early as 9am and program begins at 9:15am. Observed sign in book.*

Discussion - New regulations - checklist provided at inspection - 1 stained ceiling tile in staff room

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

Signature of OEC staff

Printed Name
 Lon Mangano

Signature of Program Director

Printed Name
 Lisa Combs

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: oc.licensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: *4.11.25*
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>