

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**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: Grace Daycare and Learning	Date of Inspection: 4-3-25	Time of Arrival: 12:05pm
Address: 2 Saint Rock Ave Center	License Number: 70592	Expiration Date: 12-31-2028
Town: Greenwich	Telephone Number: 203-517-9547	Summer Care: Open
Operator: Grace Daycare and Learning Center	# of Staff Present: 12	# over 3 Present: 11
Email: Fritz@gracedaycares.com	Total Capacity: 76	Total Under 3 capacity: 59
Designated Director: Fritz Cheryl	Hours/Days of Operation: M-F 8am-5pm	# under 3 Present: 26 Ages Served: 3 months - 5 years

Instruction Codes: ✓ = Regulation in Compliance O = 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**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 10-1-24	<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 type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (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 type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input type="checkbox"/> 29. (d)(5)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> (d)(5)(B)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	(e)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 30. (f)(1)	Designated director-training
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 31. (f)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input type="checkbox"/> 33. (a)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (h)(1)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (h)(2)	Health & Safety training
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	1% annual hours
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (4)(C)(i)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 18. (3a)(e)(1) License posted	<input checked="" type="checkbox"/> (e)(6)	Swimming-Ratios
<input checked="" type="checkbox"/> (3a)(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> (3a)(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (3a)(e)(3) Menus posted	<input checked="" type="checkbox"/> (i) -	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (3a)(e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (f)(2)(A-H)	CONSULTANTS
<input checked="" type="checkbox"/> (3a)(e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> (F)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> (3a)(e)(6) Dev. Milestones posted	<input checked="" type="checkbox"/> (i)(2)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 10((g)(8) Safe Sleep policy posted		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Grace Daycare and Learning LICENSE NUMBER: 70592 DATE OF INSPECTION: 4-3-25

RECORD KEEPING 19a-79-5a Conte

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission 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 <u>EXP 12-31-25</u> (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)	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)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>1-2024</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.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>1-20-24</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results <u>1 LBP</u> Lead Management Plan <u>2 x 400</u>
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N 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.	<input checked="" type="checkbox"/> (d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 81.	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 82.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H)	TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 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)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.	(e)(1)	AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> 86.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 87.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 88.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 91.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)	LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible 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 Measures to prevent vermin Radon test- Results: <u>1/1</u> (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) Air conditioners/water heaters/fuse boxes inaccessible Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Grace Daycare and Learning Center	LICENSE NUMBER	70592	DATE OF INSPECTION	4-3-25
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.		

<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 play. 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"/> (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)	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 (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.		DIAPERING
		<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

<input checked="" 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 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)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP 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 TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 ¼ " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING 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)
		<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)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES 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)	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grace Day Care and Learning Center License # 70592 Date: 4-3-25

Observations/Corrections needed: Center

Regulatory not in compliance when:

- ~~#62 - Fire marshal certificate on site expired on 1-20-25 (send copy) found ✓~~
- #66 - Room #4 - refrigerator wobbles, Room 2 - white shelves are chipping, 2 screws protruding on wall by changing table and black substance behind sink
- Gross motor - Gym mats with cushion exposed, Kitchen - ~~Microwave~~ ^{Microwave} has rust
- and room #1 - wood caddy not secured
- #88 (e)(5) - Child restroom - 1 ceiling tile stained and library - 3 ceiling tiles stained
- Gym - hopscotch rug is curled and poses a tripping hazard
- #90 ^{bt} room #4 restroom has hot water pipe exposed
- ~~#101 - Program could not locate radon test (send copy) found and posted ✓~~
- #111 (h)(2) - mulch under climbers measures 2'-5"
- (h)(3) - Front Playground - white border is peeling paint, metal equipment is peeling paint, entrance gate up top is broke, sharp has nails protruding, garbage can lid has cracks
- Back playground - bench is broke and has nails protruding, garden wood is chipping paint and 1 board not secured, ~~gate~~ fence has a hole on it is sharp to the touch, broken banner is not secured, gate border is broke and leaves gap of 5", chain link has a gap in 2 places between where it meets the white fence, fabric coming through mulch which poses a tripping hazard and metal piece on bottom of slide, and
- (h)(4) - screw protruding on gates and fence ↙ rock wall crumbling
- (h)(5) - 1 small slide not anchored and fence and equipment is overcast
- #166 - Benadryl on site expired 3-20-25 with black/green substance and rust.

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: Cathy Anderson
(OEC Representative)
 Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Angelica Mendez
(Person in Charge)
 Print Name: Angelica Mendez

OEC BY: 4-17-25