

**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:	HRA of NBB Franklin Early Learning Academy	Date of Inspection:	3-31-25	Time of Arrival:	9:15 am
Address:	180 Clinton St.	License Number:	15645	Expiration Date:	5/31/25
Town:	New Britain 06053	Telephone Number:	800-255-8601	Summer Care:	open
Operator:	Human Resources of New Britain Inc.	# of Staff Present:	24	# over 3 Present:	144
Email:	agriswold@hranbct.org	Total Capacity:	498	Total Under 3 capacity:	48
Designated Director:	Amy Griswold	Hours/Days of Operation:	M-F 7:00am to 5:00pm		

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

1. (c)(8) Local Health Inspection-Date: 8/14/24

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-COMLETE/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
 - 10(g)(8) Safe Sleep policy posted (Schls-N/A)

- 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)
- (d)(4)(D)
- 28.
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- (e)(1)
- (f)(1)
- (f)(2)
- 30.
- 31.
- 32.
- 33. (a)(2)
- (h)(1)
- (h)(2)
- 34. (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (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	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	
Dietitian	✓	✓	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	HRA of NBB Franklin Childcare Early Learning Academy	LICENSE NUMBER	15645	DATE OF INSPECTION	3.31.25
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RECORD KEEPING 19a-79-5a

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

HEALTH and SAFETY 19a-79-6a

50.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
51.	(a)(2)	Nutritious meals and snacks
52.	(a)(3)	Proper refrigeration-41 degrees
53.	(a)(4)	Menus-1 wk in advance- keep 3 mths
54.	(a)(5)	Food Service Inspection <u>3/11/25</u> (N/A)
55.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
56.	(a)(7)	Separate hand washing facilities
57.	(a)(8)	Multi-use eating/drinking utensils
58.	(a)(9)	Kitchen separated (N/A)
59.	(a)(10)	Children supervised during meal prep
60.	(a)(11)	Handwashing-staff/children
61.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
62.	(b)(2)	Designated isolation area
63.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
64.	(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
65.	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

66.	(a)(2)	Fire marshal codes/certificate <u>8/14/24</u>
67.	(b)	Indoor/Outdoor space inspected/approved
68.	(b)(1)-(5)	Construction/expansion/renovation/conversion
69.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
70.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
71.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
72.	(c)(4)	Testing of premises/grounds for chemicals
73.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
74.	(c)(5)(B)	Lead Water Test - Date: <u>8/21/23*</u>
75.	(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
76.	(c)(6)(A)	Drinking water available/accessible
77.	(c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y/N <u>Y</u> Lead Test: Y/N <u>N</u> Results _____
78.		Lead Management Plan <u>n/a</u>
79.		Peeling Paint - Y/N <u>Y</u> Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	HRA of NBB Franklin Academy Childcare Early Learning	LICENSE NUMBER	15045	DATE OF INSPECTION	3-31-25
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PHYSICAL PLANT 19a-79-7a cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls ★
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around ★
- 110. (j) No weapons/no facsimile of a firearm
- 111. OUTDOOR SPACE
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert avail. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCED
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
 - (h)(7)(A) Fences installed to protect from hazards-4 ft
 - (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
 - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. WATER HAZARDS
 - (i) Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a ★

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 116. (a) EDUCATIONAL REQUIREMENTS
 - (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
 - (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)

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

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 128.
 - (e)(2)
 - (e)(3)
 - (e)(4)
 - (e)(5)
 - (e)(6-9)
 - (e)(7)
 - (e)(8)
 - (e)(10)(A-C)
- 129.
- 130.
 - (f)(1)
 - (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)
- 131.
 - (h)(1)
 - (h)(1)
 - (h)(2)
 - (h)(2)
- 135. (i)(1)(2A-C)
- 136.
 - (j)
 - (k)(1)
 - (k)(2)
 - (k)(3)
 - (k)(4)
 - (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

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
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 1/4" 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)
 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

SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)

- 140. (b)
- 141.
 - (c)
 - (c)(1)
 - (c)(2)
 - (c)(3)
- 143. (d)
- 144. (e)

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME		HRA of NBB Franklin Child care E-L Academy	LICENSE NUMBER	15045	DATE OF INSPECTION	3-31-25
SCHOOL AGE ENDORSEMENT 19a-79-11			MONITORING OF DIABETES 19a-79-13			
Y/N <input checked="" type="checkbox"/>			Y/N <input checked="" type="checkbox"/>			
<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input type="checkbox"/> 171.	(a)(1)	Written policies and procedures	
<input type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input type="checkbox"/> 172.	<input type="checkbox"/> (b)(1)(A) <input type="checkbox"/> (b)(1)(B) (i)-(iii)	STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)			<input type="checkbox"/> 173.	<input type="checkbox"/> (b)(2) <input type="checkbox"/> (b)(3) <input type="checkbox"/> (c)(2) <input type="checkbox"/> (c)(3)	Training updated at least every 3 years Written documentation of training	
Y/N <input checked="" type="checkbox"/>			<input type="checkbox"/> 174.	(d)(1)	Trained staff on site when child is present	
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input type="checkbox"/> 175.	(d)(2)	Self-administration - written authorization and under supervision of trained staff	
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/> 176.	(d)(3)	Equipment provided by parents	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> 177.	(e)(1)	Equipment labeled and inaccessible	
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> 178.	(e)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> 179.	(e)(3)	Authorized prescriber written order	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	Written authorization from parent			
<input type="checkbox"/> 153.		SLEEP PROVISIONS	Testing results and actions taken – documented and kept on file, ensure parents are notified daily			
<input type="checkbox"/> (b)(6)		Individual cot/crib with bedding				
<input type="checkbox"/> (b)(6)(A)		Sleeping apparel/toiletries labeled				
<input type="checkbox"/> (b)(6)(B)		Required bedding				
<input type="checkbox"/> (b)(6)(C)		Required toiletries				
<input type="checkbox"/> (b)(6)(D)		Bedding/sleeping apparel laundered weekly				
<input type="checkbox"/> (b)(7)		Sleep arrangements for infants				
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft				
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified				
<input type="checkbox"/> 156.	(b)(10)	Local health approval				
ADMINISTRATION OF MEDICATIONS 19a-79-9a			ADDITIONAL VIOLATION			
Y/N <input type="checkbox"/>			<input type="checkbox"/> 180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)	
<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	DISCUSSIONS/COMMENTS			
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	* items new regulations/discussed - policies to be updated to reflect new regulations			
<input checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION				
<input checked="" type="checkbox"/> (a)(2)		Admin/Parent permission/report errors				
<input checked="" type="checkbox"/> (a)(3)(A-B)		Labeling and Storage				
<input checked="" type="checkbox"/> (a)(3)(C)		Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/> 160.		MEDICATION TRAINING				
<input checked="" type="checkbox"/> (b)(1)(A/C)		Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/> (b)(1)(D)		Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/> (b)(1)(E)		Rectal medication				
<input checked="" type="checkbox"/> (b)(1)(F)		Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/> (b)(2)(A-B)		Training approval documents/certificates				
<input checked="" type="checkbox"/> (b)(2)(C)		Training outline on file				
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible				
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation				
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization				
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage (N/A)				
Signature of OEC staff			Signature of person in charge			
Betty Mayer / Alex Rodriguez			Denise Dioniz			
Printed Name			Printed Name			
Betty Mayer / Alexandra Rodriguez			Denise Dioniz			
OEC DIVISION OF LICENSING			Inspection shall be posted or available for review upon request.			
450 Columbus Blvd, Suite 302, Hartford, CT 06103			Written Corrective Action Plan		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/	
Help Desk: (800)282-6063 or (860)500-4450			Due by: 4/14/25			
Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov						

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Britain HRA of Franklin Early Learning Academy License # 15645 Date: 3-31-25

Observations/Corrections needed:

Program not in compliance when...

#18 (10)(g)(8) Complete safe sleep policy not posted in infant classroom.

#21 Several staff observed to not be current in BCIS.

Discussed: ① 1 child missing authorized release on enrollment form. ② 1 child's medication authorization does not match medication. ③ Dietician and social service consultant contracts to be updated.

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: Betty Mayer / [Signature]

(OEC Representative)
Print Name: Betty Mayer / Alexandra Rodriguez

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/14/25

Signature: [Signature]
(Person in Charge)
Print Name: Denise Dionizio