

**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:	Midstate Christian Academy Preschool	Date of Inspection:	4/7/25	Time of Arrival:	11:25 am
Address:	139 Charles Street	License Number:	70253	Expiration Date:	8/31/27
Town:	Middletown, CT 06450	Telephone Number:	203-237-0302	Summer Care:	Open
Operator:	Russell Smith	# of Staff Present:	2	# over 3 Present:	19
Email:	info@midstatechristian.com	Total Capacity:	22	Total Under 3 capacity:	0
Registered Director:	Amy Smith	Hours of Operation:	M-F 8:00-4:00	# under 3 Present:	—
				Ages Served:	3 to 12 years

Inspection Code:  A - Regulation in Compliance  B - Regulation not in Compliance  NA - Not applicable

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: 4/12/23	<input type="checkbox"/> 19. (a)(1)	Staff health records
<input type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input type="checkbox"/> 3. (b) Overall management of program	<input type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input 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 type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input 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 type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present—age 18 or older
<input type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
<input type="checkbox"/> 11. <b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input type="checkbox"/> 34. (e)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input type="checkbox"/> 35. (f)(1)	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 type="checkbox"/> (h)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input type="checkbox"/> (h)(2)	First aid certified program staff
<input type="checkbox"/> 13. <b>ACCESS</b>	<input checked="" type="checkbox"/> (4)(C)(ii-v)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> (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)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 16. (n) Capacity	<input 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. <b>POSTINGS</b>	<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)	<b>CONSULTANTS</b>
<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		
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)		
<input checked="" type="checkbox"/> 10((g)(8) Safe Sleep policy posted		

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

Mistake Christian Academy - Preschool

70253

4/7/25

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

**HEALTH and SAFETY 19-79-6**

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 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.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <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 <b>FIRST AID SUPPLIES</b> -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

**PHYSICAL PLANT 19-79-7a**

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 8/29/23
<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.		<b>WATER SUPPLY</b> - Public Well (Schools-N/A) Lead Water Test - Date: 8/30/23 Bact./Chem Test-Date: (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results: lead identified Lead Management Plan: (signature)  Peeling Paint - Y/N Inside/Outside

<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.		<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 81.	(d)(8)	
<input checked="" type="checkbox"/> 82.	(d)(9)	<b>TOILETING</b> 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) Staff personal articles inaccessible
<input checked="" type="checkbox"/> 83.	(d)(10)(A)	
<input checked="" type="checkbox"/> 84.	(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)	
<input checked="" type="checkbox"/>	(d)(11)	
<input checked="" type="checkbox"/>	(e)(1)	<b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited
<input checked="" type="checkbox"/>	(e)(2)	
<input checked="" type="checkbox"/>	(e)(3)	
<input checked="" type="checkbox"/>	(e)(4)	
<input checked="" type="checkbox"/>	(e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	(e)(5)	
<input checked="" type="checkbox"/>	(e)(6)	<b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
<input checked="" type="checkbox"/>	(e)(7)	
<input checked="" type="checkbox"/>	(e)(7)	
<input checked="" type="checkbox"/>	(e)(7)	
<input checked="" type="checkbox"/>	(e)(8)	<b>LIGHTING</b> 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: 0.9 (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
<input checked="" type="checkbox"/>	(e)(9)	
<input checked="" type="checkbox"/>	(e)(9)	
<input checked="" type="checkbox"/>	(e)(9)	
<input checked="" type="checkbox"/>	(e)(10)	
<input checked="" type="checkbox"/>	(e)(11)	
<input checked="" type="checkbox"/>	(e)(12)	
<input checked="" type="checkbox"/>	(e)(13)	
<input checked="" type="checkbox"/>	(e)(14-15)	
<input checked="" type="checkbox"/>	(e)(16)	
<input checked="" type="checkbox"/>	(e)(17)	
<input checked="" type="checkbox"/>	(e)(18)	
<input checked="" type="checkbox"/>	(f)(1)(A)	
<input checked="" type="checkbox"/>	(g)(1)	
<input checked="" type="checkbox"/>	(g)(2)	
<input checked="" type="checkbox"/>	(g)(3)	
<input checked="" type="checkbox"/>	(g)(4)	

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

<b>PROGRAM NAME</b>	Mistake Christian Academy - Preschool	<b>LICENSE NUMBER</b>	70253	<b>DATE OF INSPECTION</b>	4/7/25
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**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.		<b>OUTDOOR SPACE</b>
		<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
			<b>OUTDOOR PROTECTED/FENCED</b>
<input checked="" type="checkbox"/>	112.	<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.	<input checked="" type="checkbox"/> (i)	<b>WATER HAZARDS</b>
		<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
		<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.	<input checked="" type="checkbox"/> (1)-(11)	<b>EDUCATIONAL REQUIREMENTS</b>
		<input checked="" type="checkbox"/> (b)	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
			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**

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

<input type="checkbox"/>	128.	(e)(2)	<b>DIAPERING cont.</b>
		<input type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area
		<input type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good repair
		<input type="checkbox"/> (e)(5)	Diaper area: washed/disinfected after use
		<input type="checkbox"/> (e)(6-9)	Diaper area: disposable paper sheets
		<input type="checkbox"/> (e)(7)	Covered waste receptacle-removed daily
		<input type="checkbox"/> (e)(8)	Handwashing-staff/children
		<input type="checkbox"/> (e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
			Cloth diapers-written plan developed
			<b>LINENS/CLOTHING</b>
		<input type="checkbox"/> (f)(1)	Linens/emergency clothing available
		<input type="checkbox"/> (f)(2)	Linens washed weekly or as needed
		<input type="checkbox"/> (f)(3)	Linens/clothing stored individually
		<input type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
			<b>SAFE SLEEP</b>
		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
		<input type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
		<input type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
		<input type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
		<input type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
		<input type="checkbox"/> (g)(8)	Safe sleep policies - parents informed
			<b>TOYS AND OTHER OBJECTS</b>
		<input type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
		<input type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly
		<input type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4 " diameter
		<input type="checkbox"/> (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
			Health consultant visits/documentation
			<b>FEEDING</b>
		<input type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
		<input type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
		<input type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
		<input type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
		<input type="checkbox"/> (k)(5)	Bottles labeled with child's name
		<input type="checkbox"/> (l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
		<input type="checkbox"/> (l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
		<input type="checkbox"/> (l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

**SCHOOL AGE ENDORSEMENT 19a-79-11**

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

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	<input checked="" type="checkbox"/> YN	<b>MONITORING OF DIABETES 19a-79-13</b>			

<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures <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 checked="" type="checkbox"/> 172.	(b)(1)(A)	
	<input checked="" type="checkbox"/> (b)(1)(B)	
	(i)-(iii)	
	<input checked="" type="checkbox"/> (b)(2)	
	<input checked="" type="checkbox"/> (b)(3)	
	<input checked="" type="checkbox"/> (c)(2)	
<input checked="" type="checkbox"/> 173.	(c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) YN</b>		
<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>SLEEP PROVISIONS</b>
	<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

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a YN</b>		
<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		<b>NONPRESC. TOPICAL MEDICATION</b>
	<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.		<b>MEDICATION TRAINING</b>
	<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 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)

<b>ADDITIONAL VIOLATION</b>		
<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)

<b>DISCUSSIONS/COMMENTS</b>	
<p>"Policy review checklist provided on website during inspection highlighting changes to the child care regulations effective October 16 2024. Program must ensure policies are updated to reflect new requirements.</p>	
<p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p>	

<b>Signature of FOEC staff</b>	
<b>Printed Name</b>	Johanne Dalo

<b>Signature of person in charge</b>	
<b>Printed Name</b>	Dinorah Hilario

**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](http://www.ctoec.org/licensing) Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov)

<b>Inspection shall be posted or available for review upon request.</b>	
Written Corrective Action Plan Due by: 4/21/25	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>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Midstate Christian Academy Preschool License # 70253 Date: 4/7/25

Observations/Corrections needed:

Regulation was not in compliance when:

#4(b)(6): Observed no employee orientation for 1 staff

#5(b)(6): Observed no annual review of policies for 2 staff

#19(a)(1): Observed 1 staff with expired health records and 1 staff without a health records

#21(b): Per attendance, observed 2 staff in ratio providing direct care and no background checks.

#33(h)(1): Observed 2 staff without documentation of Health and Safety Training

#33(h)(2): Observed 3 staff with less than 1% of professional development.

#35(i): Observed 1 expired agreement (Health) and 3 agreements without required services.

~~#38(a)(2)(A-B): Observed 2 expired child health records.~~ (OK)

#40(a)(2)(E): Observed 1 individual care plan not signed by parent and staff caring for child.

#62(a)(2): Observed expired fire marshal certificate

#97(e)(10): Observed 1 xyl spray, a bottle disinfectant wipes accessible to children,

#61(b)(3)(A-B): Observed 2 expired authorized prescriber's forms

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: [Signature]  
(OEC Representative)  
Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO  
OEC BY: 4/21/25

Signature: [Signature]  
(Person in Charge)  
Print Name: Dinorah Hilario