

**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:	Park Avenue Early Childhood Center	Date of Inspection:	4/9/25	Time of Arrival:	9:15
Address:	29 Park Ave.	License Number:	70532	Expiration Date:	12/31/27
City:	Danbury, CT 06810	Telephone Numbers:	203-743-3993 x 2970	Summer Care:	Open
Operator:	Connecticut Institute for Community Inc.	# of Staff Present:	17	# over 3 Present:	107
Website:	scott@CIFC.org	Total Capacity:	124	Total Under 3 capacity:	0
Inspected by:	Robin Scott	Hours/Days of Operation:	M-F 7:30-5:30 pm		

Inspection Codes: - Regulation in Compliance - Regulation not in Compliance - Regulation 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: <u>4/25/23</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"/> 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 checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11. POLICIES-COMplete/IMPLEMENTED	<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. (e)(1)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 32. (f)(1)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (f)(2)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 34. (a)(2)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 35. (h)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (h)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (4)(C)(ii-v)	CPR certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (4)(C)(i)	First aid certified program staff
<input checked="" type="checkbox"/> 13. ACCESS	<input checked="" type="checkbox"/> (e)(6)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> (e)(6)	Documentation of prof. dev./trainings
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Health & Safety training
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (i) -	1% annual hours
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i)(2)(A-H)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> (F)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i)(2)	Non-swimmers identified
<input checked="" type="checkbox"/> 18. POSTINGS	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(1) License posted		Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted		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		Education ✓ ✓ ✓
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted (N/A) (Sehls-N/A)		Health ✓ ✓ ✓
		Soc. Serv. ✓ ✓ ✓
		Dietitian ✓ ✓ ✓

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <u>Park Avenue ECC</u>	LICENSE NUMBER <u>70532</u>	DATE OF INSPECTION <u>4/9/25</u>
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RECORD KEEPING 19a-79-5a

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

PHYSICAL PLANT 19a-79-7a cont.

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
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
82.		TOILETING

HEALTH and SAFETY 19a-79-6a

46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code
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 <u>3/27/25</u> (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.	<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)

83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
84.	(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
83.	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
84.	(d)(11)	Staff personal articles inaccessible
	(e)(1)	AIR TEMPERATURE
	(e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(4)	Water temperature 60°F-120°F
	(e)(5)	Portable space heaters prohibited
	(e)(5)	WALLS/CEILINGS/FLOORS/RUGS
	(e)(6)	Walls/ceilings/floors/rugs-clean/good repair
	(e)(6)	Rugs- not a tripping/slipping hazard
	(e)(7)	Hot water/Steam pipes protected
	(e)(7)	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
	(e)(8)	LIGHTING
	(e)(9)	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
	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
	(e)(12)	Stairs-protected/good repair-handrails
	(e)(13)	Toxic plants/materials inaccessible
	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	(e)(16)	Measures to prevent vermin
	(e)(17)	Radon test- Results: <u>1.15/1.9</u> (Scis-N/A)
	(e)(18)	Carbon monoxide detector-each level <u>N/A</u>
	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-only-mats/sleeping bags)
	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
	(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

62.	(a)(2)	Fire marshal codes/certificate <u>9/17/24</u>
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 <u>SFR only</u> (N/A)
68.	(c)(4)	Testing of premises/grounds for chemicals
69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>4/22/23</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessibile
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: <u>DN</u> Lead Test: <u>DN</u> Results <u>no lead identified</u>
	<input checked="" type="checkbox"/>	Lead Management Plan _____
	<input checked="" type="checkbox"/>	Peeling Paint - <u>YN</u> Inside/Outside

95.	(e)(10)	
96.	(e)(11)	
97.	(e)(12)	
98.	(e)(13)	
99.	(e)(14-15)	
100.	(e)(16)	
101.	(e)(17)	
102.	(e)(18)	
103.	(f)(1)(A)	
104.	(g)(1)	
105.	(g)(2)	
106.	(g)(3)	
107.	(g)(4)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME

Park Avenue ECC

LICENSE NUMBER

70532

DATE OF INSPECTION

4/9/25

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 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. (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 playg. Inspection upon request
- (h)(8) Drinking water available/accessible
- (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. (h)(7) OUTDOOR PROTECTED/FENCED 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
- 114. (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- (i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
- (i) Wading pools prohibited
- (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 128. (e)(2)
- (e)(3)
- (e)(4)
- (e)(5)
- (e)(6-9)
- (e)(7)
- (e)(8)
- (e)(10)(A-C)
- 129. (f)(1)
- (f)(2)
- (f)(3)
- (f)(4)
- 130. (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-slug 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

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

SCHOOL AGE ENDORSEMENT 19a-79-11

- 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. (e)(1) DIAPERING Diaper area: elevated/sturdy/safety rail

- 140. (b) Approved Schl Age Endorsement
- 141. (c) SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule- available to staff/parents
- (c)(1) Activities not a duplication of child's day
- (c)(2) Activities include cognitive, physical, social, emotional needs of the children
- (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
- 143. (d)
- 144. (e)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME PARK AVENUE ECC	LICENSE NUMBER 70532	DATE OF INSPECTION 4/9/25
SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/>	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/>	
<input checked="" 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 STAFF TRAINING 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"/> 146. (g) Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A) (b)(1)(B) (i)-(iii)	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> 147. (b) Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173. (b)(2) (b)(3) (c)(2) (c)(3)	
<input checked="" type="checkbox"/> 148. (b)(1) Person in charge-head teacher	<input checked="" type="checkbox"/> 174. (d)(1)	
<input checked="" type="checkbox"/> 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 175. (d)(2)	
<input checked="" type="checkbox"/> 150. (b)(3) Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 176. (d)(3)	
<input checked="" type="checkbox"/> 151. (b)(4) Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 177. (e)(1)	
<input checked="" type="checkbox"/> 152. (b)(5) Staff awake and available	<input checked="" type="checkbox"/> 178. (e)(2)	
<input checked="" type="checkbox"/> 153. SLEEP PROVISIONS	<input checked="" type="checkbox"/> 179. (e)(3)	

<input checked="" type="checkbox"/> 147. (b)	Approved Night Care Endorsement
<input checked="" type="checkbox"/> 148. (b)(1)	Person in charge-head teacher
<input checked="" type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input checked="" type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation
<input checked="" type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24
<input checked="" type="checkbox"/> 152. (b)(5)	Staff awake and available
<input checked="" type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS
<input checked="" type="checkbox"/> 153. (b)(6)(A)	Individual cot/crib with bedding
<input checked="" type="checkbox"/> 153. (b)(6)(B)	Sleeping apparel/toiletries labeled
<input checked="" type="checkbox"/> 153. (b)(6)(C)	Required bedding
<input checked="" type="checkbox"/> 153. (b)(6)(D)	Required toiletries
<input checked="" type="checkbox"/> 153. (b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input checked="" type="checkbox"/> 153. (b)(7)	Bedding/sleeping apparel laundered weekly
<input checked="" type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants
<input checked="" type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft
<input checked="" type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified
<input checked="" type="checkbox"/> 156. (b)(10)	Local health approval

ADMINISTRATION OF MEDICATIONS 19a-79-9a <input checked="" type="checkbox"/>	
<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. (a)(2)	NONPRESC. TOPICAL MEDICATION
<input checked="" type="checkbox"/> 159. (a)(3)(A-B)	Admin/Parent permission/report errors
<input checked="" type="checkbox"/> 159. (a)(3)(C)	Labeling and Storage
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160. (b)(1)(D)	MEDICATION TRAINING
<input checked="" type="checkbox"/> 160. (b)(1)(E)	Medication training-general-oral/top/inhalant
<input checked="" type="checkbox"/> 160. (b)(1)(F)	Injectable premeasured autoinjector medication
<input checked="" type="checkbox"/> 160. (b)(2)(A-B)	Rectal medication
<input checked="" type="checkbox"/> 160. (b)(2)(C)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation
	Petition for special medication authorization
	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

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

DISCUSSIONS/COMMENTS
- Policies to be updated/created to reflect new regulations adopted 10/2024
- Soap + water mops to be labeled.
<i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i>

Signature of OEC staff 	Signature of person in charge
Printed Name Kristi Morgan	Printed Name Sarah Rengulbai

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: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.	
Written Corrective Action Plan Due by: 4/23/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Park Avenue Early Childhood Center License # 70532 Date: 4/9/25

Observations/Corrections needed:

36 - observed 3 childrens files missing date of enrollment.
40 - observed 5 care plans not signed by all staff responsible.
46 - observed broken bathroom faucet in room F; broken bathroom partition in classroom D, Dusty Ceiling vent in classroom e; 1 Stained ceiling tile in classroom A; small carpet tripping hazard classroom e; play play phone up high & heavy on play refrigerator Classroom A.

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: Krithi Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/23/25

Signature: [Signature]
(Person in Charge)
Print Name: Soah Rengulba